1346986

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 33561
Name: Miller Energy, LLC
Address 1: 2526 N FUNSTON ST
Address 2:
City: IOLA State: KS Zip: 66749 + 4013
Contact Person: Tom Miller
Phone: ( 620 ) 496-6652
Lease Name: BRANTON
Well Number: 1-I

API No.: 15-003-26008-00-00
Permit No: E23808.2
Reporting Year: 2016
*(January 1 to December 31)*

NE - SE - NW - NW Sec. 21 Twp. 20 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
3659 feet from ☐ N / ☑ S Line of Section
1108 feet from ☑ E / ☐ W Line of Section
County: Anderson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 550 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 465 | 550 | 0 | | 31 |
| February | 465 | 550 | 0 | | 29 |
| March | 465 | 550 | 0 | | 31 |
| April | 465 | 550 | 0 | | 30 |
| May | 465 | 550 | 0 | | 31 |
| June | 465 | 550 | 0 | | 30 |
| July | 465 | 550 | 0 | | 31 |
| August | 465 | 550 | 0 | | 31 |
| September | 465 | 550 | 0 | | 30 |
| October | 465 | 550 | 0 | | 31 |
| November | 465 | 550 | 0 | | 30 |
| December | 465 | 550 | 0 | | 31 |
| ***TOTAL*** | 5580 | | 0 | | |

Submitted Electronically