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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 # 8996
Name: Mid-Continent Resources, Inc.
Address 1: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + __ __ __ __
Contact Person: Scott Cosair
Phone: (620) 275-2963
Lease Name: GILLIG
Well Number: 2-24

API No.: 15-135-24434-00-01
Permit No: E31155.1
Reporting Year: 2016
(January 1 to December 31)

SE - NW - NW - SW Sec. 24 Twp. 19 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
2238 feet from ☐ N / ☑ S Line of Section
412 feet from ☐ E / ☑ W Line of Section
County: Ness

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: 1000 psi Injection Zone: CHEROKEE
Maximum Authorized Injection Rate: 1000 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	2170	0	0		31
February	2030	0	0		29
March	2170	0	0		31
April	2100	0	0		30
May	2170	0	0		31
June	2100	0	0		30
July	2170	0	0		31
August	2170	0	0		31
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	17080		0		

Submitted Electronically