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 # 30582
Name: Kiser, Michael dba MWK Petroleum Co.
Address 1: 508 STONE LAKE CT
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2399
Contact Person: MIKE KISER
Phone: (316) 775-5496
Lease Name: PARKS OWWO
Well Number: 1

API No.: 15-015-20824-00-02
Permit No: D27297.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NE Sec. 27 Twp. 27 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
2986 feet from ☐ N / ☑ S Line of Section
974 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	10075	0	0		31
February	9100	0	0		28
March	10075	0	0		31
April	9750	0	0		30
May	10075	0	0		31
June	9750	0	0		30
July	10075	0	0		31
August	10075	0	0		31
September	9750	0	0		30
October	10075	0	0		31
November	9750	0	0		30
December	10075	0	0		31
TOTAL	118625		0		

Submitted Electronically