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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Rod Brin
Phone: (785) 623-0533
Lease Name: DEYOUNG
Well Number: 3

API No.: 15-065-23874-00-00
Permit No: D31422.0
Reporting Year: 2017
(January 1 to December 31)

E2 - NW - NW - NE Sec. 11 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4931 feet from ☐ N / ☑ S Line of Section
2074 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 5000 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	10850	0	0		31
February	10150	0	0		28
March	10750	0	0		31
April	10500	0	0		30
May	10850	0	0		31
June	10450	0	0		30
July	10850	0	0		31
August	10800	0	0		31
September	10500	0	0		30
October	10850	0	0		31
November	10450	0	0		30
December	10850	0	0		31
TOTAL	127850		0		

Submitted Electronically