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 # 31719
Name: Michael, Jeff dba 4-M Oil
Address 1: PO BOX 49
Address 2:
City: IOLA State: KS Zip: 66749 + 0049
Contact Person: Jeff Michael
Phone: (620) 363-1979
Lease Name: KNOBLE LOIS
Well Number: 5

API No.: 15-001-24790-00-02
Permit No: E28877.1
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 4 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
395 feet from ☐ N / ☑ S Line of Section
5230 feet from ☑ E / ☐ W Line of Section
County: Allen

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: BARTLESVILLE
Maximum Authorized Injection Rate: 20 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	372	0	0		31
February	400	0	0		28
March	465	0	0		31
April	300	0	0		30
May	465	0	0		31
June	450	0	0		30
July	390	0	0		31
August	410	0	0		31
September	445	0	0		30
October	395	0	0		31
November	410	0	0		30
December	445	0	0		31
TOTAL	4947		0		

Submitted Electronically