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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: MIKE KELSO
Phone: (620) 793-6032
Lease Name: HOFFMAN B
Well Number: 1

API No.: 15-053-20904-00-00
Permit No: D23498.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - SW Sec. 25 Twp. 17 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2348 feet from ☐ N / ☑ S Line of Section
4415 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 10000 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	10168	0	0		31
February	9184	0	0		28
March	10168	0	0		31
April	9840	0	0		30
May	10168	0	0		31
June	9840	0	0		30
July	10168	0	0		31
August	10168	0	0		31
September	9840	0	0		30
October	10168	0	0		31
November	9840	0	0		30
December	10168	0	0		31
TOTAL	119720		0		

Submitted Electronically