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 # 5254
Name: Midco Exploration, Inc.
Address 1: PO BOX 1278
Address 2:
City: WESTMONT State: IL Zip: 60559 + 3878
Contact Person: Earl J. Joyce, Jr.
Phone: (630) 655-2198
Lease Name: FLICKNER
Well Number: 2

API No.: 15-095-21833-00-02
Permit No: D28493.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NE Sec. 35 Twp. 28 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
4636 feet from ☐ N / ☑ S Line of Section
2442 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: VIOLA
Maximum Authorized Injection Rate: 3000 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	43996	0	0		31
February	42145	0	0		28
March	44326	0	0		31
April	41781	0	0		30
May	38930	0	0		31
June	43149	0	0		30
July	39723	0	0		31
August	41672	0	0		31
September	40664	0	0		30
October	41547	0	0		31
November	38929	0	0		30
December	40116	0	0		31
TOTAL	496978		0		

Submitted Electronically