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 # 35225
Name: Michael D. Traylor LLC
Address 1: PO BOX 1224
Address 2:
City: EL DORADO State: KS Zip: 67042 + __ __ __ __
Contact Person: Michael Traylor
Phone: (316) 323-2875
Lease Name: MABRY
Well Number: 2B

API No.: 15-015-21625-00-01
Permit No: D23518.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NE Sec. 13 Twp. 26 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
4864 feet from ☐ N / ☑ S Line of Section
2307 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: 1300 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	13950	0	0		31
February	13050	0	0		28
March	13950	0	0		31
April	13500	0	0		30
May	13950	0	0		31
June	13500	0	0		30
July	13950	0	0		31
August	13950	0	0		31
September	13500	0	0		30
October	13500	0	0		30
November	13500	0	0		30
December	13500	0	0		30
TOTAL	163800		0		

Submitted Electronically