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 # 35578
Name: MidCon Services, LLC
Address 1: PO BOX 52100
Address 2:
City: AMARILLO State: TX Zip: 79159 + __ __ __ __
Contact Person: Jim Renzelman
Phone: (620) 544-5765
Lease Name: CRAVER
Well Number: 1 32

API No.: 15-129-10355-00-01
Permit No: D27304.0
Reporting Year: 2018
(January 1 to December 31)

NE - NE - SW - SE Sec. 32 Twp. 34 S. R. 42 ☐ E ☑ W
(Q/Q/Q/Q)
1314 feet from ☐ N / ☑ S Line of Section
1330 feet from ☑ E / ☐ W Line of Section
County: Morton

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	10	0		31
February	0	10	0		28
March	0	10	0		31
April	0	10	0		30
May	0	10	0		31
June	413	10	0		30
July	2519	10	0		31
August	2686	10	0		31
September	3195	10	0		30
October	3158	10	0		31
November	2448	10	0		30
December	2253	10	0		31
TOTAL	16672		0		

Submitted Electronically