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 # 8996
Name: Mid-Continent Resources, Inc.
Address 1: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: COTTON
Well Number: 2C-85

API No.: 15-175-20865-00-02
Permit No: D32465.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - SW Sec. 6 Twp. 32 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
4292 feet from ☐ N / ☑ S Line of Section
4339 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 100 psi Injection Zone: ST. Louis
Maximum Authorized Injection Rate: 200 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	2345	0	0	0	31
February	2100	0	0	0	28
March	2345	0	0	0	31
April	2250	0	0	0	30
May	2345	0	0	0	31
June	2250	0	0	0	30
July	2345	0	0	0	31
August	2345	0	0	0	31
September	2250	0	0	0	30
October	2345	0	0	0	31
November	2250	0	0	0	30
December	2345	0	0	0	31
TOTAL	27515		0		

Submitted Electronically