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 # 30582
Name: Kiser, Michael dba MWK Petroleum Co.
Address 1: 508 STONE LAKE CT
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2399
Contact Person: MIKE KISER
Phone: (316) 775-5496
Lease Name: JENKINSON
Well Number: 3

API No.: 15-015-22328-00-00
Permit No: E19394.3
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NW - NE Sec. 27 Twp. 27 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
4664 feet from ☐ N / ☑ S Line of Section
1714 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: BARTLESVILLE
Maximum Authorized Injection Rate: 1250 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	0				
February	0				
March	0				
April	0				
May	6000				20
June	4500				15
July	0				
August	0				
September	0				
October	3000				10
November	2700				9
December	0				
TOTAL	16200		0		

Submitted Electronically