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: CARTER CROWLEY
Well Number: 2

API No.: 15-015-21545-00-01
Permit No: E25194.1
Reporting Year: 2018
(January 1 to December 31)

SW - SW - NW - SE Sec. 23 Twp. 26 S. R. 7 ☑ E ☐ W
(Q/Q/Q/Q)
1706 feet from ☐ N / ☑ S Line of Section
2179 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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 100 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	2790				31
February	2520				28
March	2790				31
April	2700				30
May	2790				31
June	2700				30
July	2790				31
August	2790				31
September	2700				30
October	2790				31
November	1890				21
December	2790				31
TOTAL	32040		0		

Submitted Electronically