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 # 4928
Name: Bogle, Marion A. dba M. A. B. Production
Address 1: 4632 UTAH RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8819
Contact Person: Marion Bogle
Phone: (785) 883-4557
Lease Name: UNGER (BOGLE)
Well Number: 12

API No.: 15-059-24215-00-01
Permit No: E25826.3
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SE - NE Sec. 30 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3960 feet from ☐ N / ☑ S Line of Section
380 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 550 psi Injection Zone: Squirrel Sand
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	496	550	0	0	31
February	406	550	0	0	28
March	480	550	0	0	31
April	450	550	0	0	30
May	465	550	0	0	31
June	540	550	0	0	30
July	434	550	0	0	31
August	511	550	0	0	31
September	480	550	0	0	30
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	4262		0		

Submitted Electronically