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 # 30606
Name: Murfin Drilling Co., Inc.
Address 1: 250 N WATER STE 300
Address 2:
City: WICHITA State: KS Zip: 67202 + 1216
Contact Person: Michelle Howell
Phone: (316) 267-3241
Lease Name: KINCAID
Well Number: 2-24

API No.: 15-039-20690-00-01
Permit No: E24211.2
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NW Sec. 24 Twp. 3 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
5031 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 1000 psi Injection Zone: Toronto, LKC
Maximum Authorized Injection Rate: 750 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	600	0	0	0	31
February	600	150	0	0	28
March	600	150	0	0	31
April	600	150	0	0	30
May	600	150	0	0	31
June	600	150	0	0	30
July	300	150	0	0	31
August	0	0	0	0	0
September	600	150	0	0	30
October	600	150	0	0	31
November	600	150	0	0	30
December	450	150	0	0	31
TOTAL	6150		0		

Submitted Electronically