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 # 5254
Name: Midco Exploration, Inc.
Address 1: PO BOX 1278
Address 2:
City: WESTMONT State: IL Zip: 60559 + 3878
Contact Person: Earl J Joyce, Jr.
Phone: (630) 655-2198
Lease Name: IMPERIAL TODD
Well Number: 1-3

API No.: 15-033-20373-00-01
Permit No: D27748.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NW - SE Sec. 3 Twp. 33 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1743 feet from ☐ N / ☑ S Line of Section
1863 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	1240				31
February	1240				28
March	1240				31
April	1240				30
May	1240				31
June	1240				30
July	1240				31
August	1240				31
September	1300				30
October	1240				31
November	1240				30
December	1240				31
TOTAL	14940		0		

Submitted Electronically