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 # 5205
Name: Mid-Continent Energy Corp.
Address 1: 105 S BROADWAY STE 360
Address 2:
City: WICHITA State: KS Zip: 67202 + 4280
Contact Person: Jack Buehler
Phone: (316) 265-9501
Lease Name: RUSSELL OWWO
Well Number: 1

API No.: 15-185-12015-00-01
Permit No: D30813.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SW - SW Sec. 33 Twp. 24 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
964 feet from ☐ N / ☑ S Line of Section
5061 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 5000 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	14500	0	0		31
February	12500	0	0		28
March	14500	0	0		31
April	13800	0	0		29
May	14500	0	0		30
June	14100	0	0		30
July	14550	0	0		31
August	14500		0		31
September	14100	0	0		30
October	14500	0	0		31
November	14100	0	0		30
December	14500	0	0		31
TOTAL	170150		0		

Submitted Electronically