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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 793-6032
Lease Name: WILHELM UNIT
Well Number: 15

API No.: 15-153-20200-00-01
Permit No: E31990.1
Reporting Year: 2018
(January 1 to December 31)

____ - E2 - NW - NW Sec. 20 Twp. 1 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
4673 feet from ☐ N / ☑ S Line of Section
4214 feet from ☑ E / ☐ W Line of Section
County: Rawlins

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: KANSAS CITY,OREAD
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	14570	0	0	0	31
February	13160	0	0	0	28
March	14570	0	0	0	31
April	13630	0	0	0	29
May	14570	0	0	0	31
June	31630	0	0	0	29
July	33170	0	0	0	31
August	24430	0	0	0	29
September	30300	0	0	0	30
October	14570	0	0	0	31
November	14100	0	0	0	30
December	14100	0	0	0	30
TOTAL	232800		0		

Submitted Electronically