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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + 1121
Contact Person: Rod Brin
Phone: (785) 623-0533
Lease Name: KELLER
Well Number: 1

API No.: 15-163-21037-00-01
Permit No: E26424.1
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SW Sec. 32 Twp. 10 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1665 feet from ☐ N / ☑ S Line of Section
2938 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 400 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 400 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	5580	0	0		31
February	5210	0	0		29
March	5575	0	0		31
April	5400	0	0		30
May	5580	0	0		31
June	5420	0	0		30
July	5575	0	0		31
August	5580	0	0		31
September	5420	0	0		30
October	5580	0	0		31
November	5400	0	0		30
December	5580	0	0		31
TOTAL	65900		0		

Submitted Electronically