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 # 33561
Name: Miller Energy, LLC
Address 1: 2526 N FUNSTON ST
Address 2:
City: IOLA State: KS Zip: 66749 + 4013
Contact Person: Tom Miller
Phone: (620) 496-6652
Lease Name: F & R MILLER
Well Number: 3-I

API No.: 15-003-25401-00-00
Permit No: E31431.3
Reporting Year: 2018
(January 1 to December 31)

NE - SE - NW - NW Sec. 13 Twp. 21 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3742 feet from ☐ N / ☑ S Line of Section
1101 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: Squirrel
Maximum Authorized Injection Rate: 100 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	372	350	0	0	31
February	400	350	0	0	25
March	496	350	0	0	31
April	480	350	0	0	30
May	496	350	0	0	31
June	480	350	0	0	30
July	496	350	0	0	31
August	496	350	0	0	31
September	480	350	0	0	30
October	496	350	0	0	31
November	288	375	0	0	18
December	192	350	0	0	12
TOTAL	5172		0		

Submitted Electronically