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 # 30582
Name: Kiser, Michael dba MWK Petroleum Co.
Address 1: 508 STONE LAKE CT
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2399
Contact Person: MIKE KISER
Phone: ( 316 ) 775-5496
Lease Name: SAFFORD MANN
Well Number: 3

API No.: 15-015-40097-00-01
Permit No: E16242.2
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SW - SE Sec. 26 Twp. 27 S. R. 4 ☑ E ☐ W
*(Q/Q/Q/Q)*
624 feet from ☐ N / ☑ S Line of Section
1676 feet from ☑ E / ☐ W Line of Section
County: Butler

**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: 500 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 500 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 | 0 | | | | 0 |
| February | 0 | | | | 0 |
| March | 0 | | | | 0 |
| April | 0 | | | | 0 |
| May | 0 | | | | 0 |
| June | 0 | | | | 0 |
| July | 0 | | | | 0 |
| August | 620 | | | | 31 |
| September | 600 | | | | 30 |
| October | 620 | | | | 31 |
| November | 600 | | | | 30 |
| December | 620 | | | | 31 |
| ***TOTAL*** | 3060 | | 0 | | |

Submitted Electronically