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: JOSEPH B
Well Number: 4

API No.: 15-015-22261-00-00
Permit No: E26685.1
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SW Sec. 18 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1646 feet from ☐ N / ☑ S Line of Section
2980 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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 400 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	3875				31
February	3500				28
March	3875				31
April	3750				30
May	3875				31
June	3750				30
July	3750				30
August	3875				31
September	3350				28
October	3875				31
November	3750				30
December	3875				31
TOTAL	45100		0		

Submitted Electronically