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 # 31933
Name: M E Klein & Associates, Inc
Address 1: P O BOX 721436
Address 2:
City: NORMAN State: OK Zip: 73070 + 8106
Contact Person: Brent Klein
Phone: (405) 321-7171
Lease Name: FLAX B
Well Number: 3

API No.: 15-195-21768-00-01
Permit No: D28412.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SE Sec. 3 Twp. 11 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
317 feet from ☐ N / ☑ S Line of Section
2373 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
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	300	0	0		31
February	300	0	0		28
March	300	0	0		31
April	300	0	0		30
May	300	0	0		31
June	300	0	0		30
July	300	0	0		31
August	300	0	0		31
September	300	0	0		30
October	300	0	0		31
November	300	0	0		30
December	300	0	0		31
TOTAL	3600		0		

Submitted Electronically