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 # 3067
Name: Molitor Oil, Inc.
Address 1: 8426 W Northridge Ct
Address 2:
City: WICHITA State: KS Zip: 67205 + 1665
Contact Person: Steve Molitor
Phone: (316) 650-8956
Lease Name: PUTMAN
Well Number: 1

API No.: 15-009-01662-00-01
Permit No: D18509.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SW Sec. 1 Twp. 17 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
308 feet from ☐ N / ☑ S Line of Section
5085 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 50 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically