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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Matt Burton
Phone: ( 620 ) 938-2943
Lease Name: EDMONSTON
Well Number: 1 SWD

API No.: 15-033-21617-00-00
Permit No: D31162.0
Reporting Year: 2019
*(January 1 to December 31)*

W2 - SE - SE - SE Sec. 28 Twp. 31 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
341 feet from ☐ N / ☑ S Line of Section
513 feet from ☑ E / ☐ W Line of Section
County: Comanche

**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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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 | 4500 | 0 | 0 | 0 | 15 |
| February | 8400 | 0 | 0 | 0 | 28 |
| March | 7500 | 0 | 0 | 0 | 25 |
| April | 9000 | 0 | 0 | 0 | 30 |
| May | 2400 | 0 | 0 | 0 | 8 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 1500 | 0 | 0 | 0 | 5 |
| August | 0 | 0 | 0 | 0 | 0 |
| September | 9000 | 0 | 0 | 0 | 30 |
| October | 9000 | 0 | 0 | 0 | 30 |
| November | 9000 | 0 | 0 | 0 | 30 |
| December | 4500 | 0 | 0 | 0 | 15 |
| ***TOTAL*** | 64800 | | 0 | | |

Submitted Electronically