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 # 5205
Name: Mid-Continent Energy Corp.
Address 1: 5920 EAST CENTRAL SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67208 + 4280
Contact Person: Jack Buehler
Phone: (316) 265-9501
Lease Name: STUM
Well Number: 7

API No.: 15-135-22489-00-01
Permit No: E26634.6
Reporting Year: 2019
(January 1 to December 31)

NE - NW - NW - SW Sec. 32 Twp. 19 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
4569 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 1000 psi Injection Zone: CHEROKEE,FORT SCOTT
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	6500	400	0		31
February	5450	400	0		28
March	6500	400	0		31
April	6300	390	0		30
May	6500	420	0		31
June	6400	430	0		30
July	6500	400	0		31
August	6550	410	0		31
September	6400	420	0		30
October	6500	430	0		31
November	6450	460	0		30
December	6600	430	0		31
TOTAL	76650		0		

Submitted Electronically