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 # 5330
Name: Excalibur Production Company, Inc.
Address 1: 1016 N MAIN
Address 2: PO BOX 278
City: MCPHERSON State: KS Zip: 67460 + 0278
Contact Person: Lucy Walline
Phone: (620) 241-1265
Lease Name: MCELWAIN
Well Number: 2

API No.: 15-155-01485-00-03
Permit No: D19189.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SE Sec. 34 Twp. 23 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Reno

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 3000 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	75950				31
February	68600				28
March	75950				31
April	69000				30
May	75950				31
June	73500				30
July	75950				31
August	75950				31
September	73500				30
October	75950				31
November	73500				30
December	75950				31
TOTAL	889750		0		

Submitted Electronically