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 # 32595
Name: MSG Resources Inc.
Address 1: 971 1400TH ST
Address 2:
City: IOLA State: KS Zip: 66749 + 3942
Contact Person: m brown
Phone: (620) 365-0638
Lease Name: KINNE
Well Number: W 13 B

API No.: 15-133-20308-00-01
Permit No: E15249.6
Reporting Year: 2019
(January 1 to December 31)

NW - NW - SE - SE Sec. 13 Twp. 28 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1080 feet from ☐ N / ☑ S Line of Section
1120 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 500 psi Injection Zone: bartlesville
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	0	0			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	50	300			10
August	50	300			10
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	100		0		

Submitted Electronically