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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + 1121
Contact Person: Rodney Brin
Phone: (785) 623-0533
Lease Name: LEINMILLER
Well Number: 3

API No.: 15-051-01063-00-02
Permit No: D25270.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NW - NW Sec. 2 Twp. 12 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4981 feet from ☐ N / ☑ S Line of Section
4957 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 2500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	17050	0	0		31
February	15400	0	0		28
March	17050	0	0		31
April	16500	0	0		30
May	17050	0	0		31
June	16500	0	0		30
July	17050	0	0		31
August	17050	0	0		31
September	16500	0	0		30
October	16895	0	0		31
November	16350	0	0		30
December	16895	0	0		31
TOTAL	200290		0		

Submitted Electronically