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 # 35217
Name: MB Holdings LLC
Address 1: 2951 CR 2000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7223
Contact Person: Bryan Allen
Phone: ( 620 ) 870-1660
Lease Name: GILLMAN
Well Number: W-3

API No.: 15-125-30997-00-01
Permit No: E21190.3
Reporting Year: 2019
*(January 1 to December 31)*

SW - SE - SE - NW Sec. 24 Twp. 34 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
2956 feet from ☐ N / ☑ S Line of Section
3007 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 100 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 75 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 | 48 | 100 | 0 | 0 | 31 |
| February | 50 | 100 | 0 | 0 | 28 |
| March | 50 | 100 | 0 | 0 | 31 |
| April | 50 | 100 | 0 | 0 | 30 |
| May | 55 | 100 | 0 | 0 | 31 |
| June | 55 | 100 | 0 | 0 | 30 |
| July | 55 | 100 | 0 | 0 | 31 |
| August | 55 | 100 | 0 | 0 | 31 |
| September | 55 | 100 | 0 | 0 | 30 |
| October | 55 | 100 | 0 | 0 | 31 |
| November | 50 | 100 | 0 | 0 | 30 |
| December | 50 | 100 | 0 | 0 | 31 |
| ***TOTAL*** | 628 | | 0 | | |

Submitted Electronically