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: CITY OF COFFEYVILLE
Well Number: 13

API No.: 15-125-25969-00-01
Permit No: E32454.3
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - NE Sec. 8 Twp. 34 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4300 feet from ☐ N / ☑ S Line of Section
1366 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: 300 psi Injection Zone: RED FORK
Maximum Authorized Injection Rate: 90 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	1600	300	0	0	31
February	1500	300	0	0	28
March	2100	300	0	0	31
April	2000	300	0	0	30
May	2100	300	0	0	31
June	2150	300	0	0	30
July	2200	300	0	0	31
August	2350	300	0	0	31
September	2300	300	0	0	30
October	2300	300	0	0	31
November	2300	300	0	0	30
December	2300	300	0	0	31
TOTAL	25200		0		

Submitted Electronically