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 # 4706
Name: Messenger Petroleum, Inc.
Address 1: 525 S MAIN ST
Address 2:
City: KINGMAN State: KS Zip: 67068 + 1968
Contact Person: Jon F. Messenger
Phone: (620) 532-5400
Lease Name: SLOAN
Well Number: 1

API No.: 15-095-21839-00-00
Permit No: D28202.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - NW Sec. 17 Twp. 29 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
4131 feet from ☐ N / ☑ S Line of Section
4994 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 1500 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	21830	-10			31
February	22755	-10			28
March	23650	-10			31
April	23770	-10			30
May	23090	-10			31
June	23735	-10			30
July	24320	-10			31
August	20575	-10			30
September	19820	-10			30
October	17425	-10			31
November	16230	-10			30
December	16765	-10			31
TOTAL	253965		0		

Submitted Electronically