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 # 31933
Name: M E Klein & Associates, Inc
Address 1: P O BOX 721436
Address 2:
City: NORMAN State: OK Zip: 73070 + 8106
Contact Person: MARK KLEIN
Phone: (405) 321-7171
Lease Name: MCKEE SWD
Well Number: 1

API No.: 15-077-01045-00-02
Permit No: D28225.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SW Sec. 31 Twp. 33 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 1400 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 18000 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	620	0			31
February	580	0			29
March	4620	0			31
April	6600	0			30
May	310	0			31
June	6000	0			30
July	6200	0			31
August	310	0			31
September	300	0			30
October	310	0			31
November	300	0			30
December	310	0			31
TOTAL	26460		0		

Submitted Electronically