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 # 5205
Name: Mid-Continent Energy Corp.
Address 1: 5920 EAST CENTRAL SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67208 + 4280
Contact Person: Jack N Buehler
Phone: (316) 265-9501
Lease Name: RUSSELL OWWO
Well Number: 1

API No.: 15-185-12015-00-01
Permit No: D30813.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - SW Sec. 33 Twp. 24 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
964 feet from ☐ N / ☑ S Line of Section
5061 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 5000 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	14500	0			31
February	13000	0			28
March	14500	0			31
April	14000	0			30
May	14500	0			31
June	14000	0			30
July	14500	0			31
August	14000	0			31
September	14500	0			30
October	14500	0			31
November	14100	0			30
December	14500	0			31
TOTAL	170600		0		

Submitted Electronically