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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: MIke Kelso
Phone: (620) 938-2943
Lease Name: ROTH
Well Number: C-2

API No.: 15-009-22149-00-01
Permit No: D21409.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - NW Sec. 36 Twp. 19 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4372 feet from ☐ N / ☑ S Line of Section
3142 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 3500 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	310000	0	0	0	31
February	28000	0	0	0	28
March	31000	0	0		31
April	30000	0	0	0	30
May	31000	0	0	0	31
June	30000	0	0	0	30
July	31000	0	0	0	31
August	31000	0	0	0	31
September	30000	0	0	0	30
October	31000	0	0	0	31
November	30000	0	0	0	30
December	31000	0	0	0	31
TOTAL	644000		0		

Submitted Electronically