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: COFFMAN
Well Number: 2

API No.: 15-159-02860-00-01
Permit No: D30799.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - SW Sec. 5 Twp. 20 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Rice

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	71300	0	0	0	31
February	64400	0	0	0	28
March	71300	0	0	0	31
April	69000	0	0	0	30
May	71300	0	0	0	31
June	69000	0	0	0	30
July	71300	0	0	0	31
August	71300	0	0	0	31
September	69000	0	0	0	30
October	71300	0	0	0	31
November	69000	0	0	0	30
December	71300	0	0	0	31
TOTAL	839500		0		

Submitted Electronically