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: MURPHY SWD 3404
Well Number: 1-18

API No.: 15-191-22733-00-00
Permit No: D31921.0
Reporting Year: 2020
(January 1 to December 31)

SE - NE - NW - NE Sec. 18 Twp. 34 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
4930 feet from ☐ N / ☑ S Line of Section
1559 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 20000 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	9300	0	0	0	31
February	8400	0	0	0	28
March	3000	0	0	0	10
April	0	0	0	0	0
May	0	0	0	0	0
June	3000	0	0	0	10
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	9300	0	0	0	31
November	4500	0	0	0	15
December	0	0	0	0	0
TOTAL	37500		0		

Submitted Electronically