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: SCHROEDER
Well Number: 2

API No.: 15-053-35131-00-01
Permit No: D21543.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - E2 - NE Sec. 30 Twp. 17 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3936 feet from ☐ N / ☑ S Line of Section
574 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 1500 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	35650	0	0	0	31
February	32200	0	0	0	28
March	35650	0	0	0	31
April	34500	0	0	0	30
May	35650	0	0	0	31
June	34500	0	0	0	30
July	35650	0	0	0	31
August	35650	0	0	0	31
September	34500	0	0	0	30
October	35650	0	0	0	31
November	34500	0	0	0	30
December	35650	0	0	0	31
TOTAL	419750		0		

Submitted Electronically