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: MARY FURTHMYER
Well Number: 1

API No.: 15-051-03933-00-01
Permit No: D32639.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - NW Sec. 5 Twp. 14 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Ellis

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,GRANIT WASH
Maximum Authorized Injection Rate: 10000 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	68200	0	0	0	31
February	61600	0	0	0	28
March	68200	0	0	0	31
April	66000	0	0	0	30
May	68200	0	0	0	31
June	66000	0	0	0	30
July	68200	0	0	0	31
August	68200	0	0	0	31
September	66000	0	0	0	30
October	68200	0	0	0	31
November	66000	0	0	0	30
December	68200	0	0	0	31
TOTAL	803000		0		

Submitted Electronically