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: ASTORIA SWD 3306
Well Number: 1-34

API No.: 15-077-21972-00-00
Permit No: D31716.0
Reporting Year: 2020
(January 1 to December 31)

NE - NW - NW - NW Sec. 34 Twp. 33 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
197 feet from ☑ N / ☐ S Line of Section
510 feet from ☐ E / ☑ W Line of Section
County: Harper

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	60000	0	0	0	30
February	58000	0	0	0	29
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	10000	0	0	0	5
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	46000	0	0	0	23
December	62000	0	0	0	31
TOTAL	236000		0		

Submitted Electronically