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: PRATT SWD 3318
Well Number: 1-1

API No.: 15-033-21768-00-00
Permit No: D31969.0
Reporting Year: 2020
*(January 1 to December 31)*

S2 - SW - SW - SW Sec. 1 Twp. 33 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
192 feet from ☐ N / ☑ S Line of Section
4956 feet from ☑ E / ☐ W Line of Section
County: Comanche

**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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 30000 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 | 46500 | | | | 31 |
| February | 43500 | | | | 29 |
| March | 46500 | | | | 31 |
| April | 45000 | | | | 30 |
| May | 46500 | | | | 31 |
| June | 45000 | | | | 30 |
| July | 46500 | | | | 31 |
| August | 46500 | | | | 31 |
| September | 45000 | | | | 30 |
| October | 46500 | | | | 31 |
| November | 45000 | | | | 30 |
| December | 46500 | | | | 31 |
| ***TOTAL*** | 549000 | | 0 | | |

Submitted Electronically