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 # 30737
Name: M.A. Yost Operations, Inc
Address 1: PO BOX 811
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0811
Contact Person: Marcia Blundon
Phone: (785) 483-0273
Lease Name: NELSON B
Well Number: 1

API No.: 15-145-21376-00-00
Permit No: D26464.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SW Sec. 14 Twp. 20 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
346 feet from ☐ N / ☑ S Line of Section
2995 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: 1000 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	4941	0	0	0	31
February	4839	0	0	0	28
March	4941	0	0	0	31
April	5370	0	0		30
May	3968	0	0	0	31
June	5319	0	0	0	30
July	5549	0	0	0	31
August	5549	0	0	0	31
September	5370	0	0	0	30
October	5141	0	0	0	31
November	5370	0	0	0	30
December	5549	0	0	0	31
TOTAL	61906		0		

Submitted Electronically