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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + 1121
Contact Person: Rodney Brin
Phone: (785) 623-0533
Lease Name: LEINMILLER
Well Number: 3

API No.: 15-051-01063-00-02
Permit No: D25270.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 2 Twp. 12 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4981 feet from ☐ N / ☑ S Line of Section
4957 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
Maximum Authorized Injection Rate: 2500 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	17050				31
February	15400				29
March	17298				31
April	16740				30
May	17298				31
June	16740				30
July	17298				31
August	17298				31
September	16740				30
October	17298				31
November	16740				30
December	17298				31
TOTAL	203198		0		

Submitted Electronically