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 # 35217
Name: MB Holdings LLC
Address 1: 2951 CR 2000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7223
Contact Person: BRYAN ALLEN
Phone: (620) 870-1660
Lease Name: CITY OF COFFEYVILLE
Well Number: 5

API No.: 15-125-24744-00-01
Permit No: E32454.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NE Sec. 8 Twp. 34 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4786 feet from ☐ N / ☑ S Line of Section
915 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: RED FORK
Maximum Authorized Injection Rate: 90 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	2000	300	0	0	31
February	1700	300	0	0	28
March	2100	300	0	0	31
April	1700	300	0	0	30
May	1800	300	0	0	31
June	2000	300	0	0	30
July	1700	300	0	0	31
August	1900	300	0	0	31
September	2000	300	0	0	30
October	1900	300	0	0	31
November	1800	300	0	0	30
December	1800	300	0	0	31
TOTAL	22400		0		

Submitted Electronically