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: 18

API No.: 15-125-26532-00-01
Permit No: E32454.4
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - NE Sec. 8 Twp. 34 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3902 feet from ☐ N / ☑ S Line of Section
1307 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	2790	300	0	0	31
February	2520	300	0	0	28
March	2790	300	0	0	31
April	2700	300	0	0	30
May	2790	300	0	0	31
June	2700	300	0	0	30
July	2790	300	0	0	31
August	2790	300	0	0	31
September	2700	300	0	0	30
October	2790	300	0	0	31
November	2700	300	0	0	30
December	2790	300	0	0	31
TOTAL	32850		0		

Submitted Electronically