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 # 34581
Name: Macha Enterprises, Inc.
Address 1: 1804 EAST ST.
Address 2:
City: IOLA State: KS Zip: 66749 + 3050
Contact Person: Larry Macha
Phone: (620) 363-1251
Lease Name: MACHA
Well Number: D-1

API No.: 15-001-30295-00-00
Permit No: D31044.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 33 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
4845 feet from ☐ N / ☑ S Line of Section
3134 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	0				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically