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 # 4706
Name: Messenger Petroleum, Inc.
Address 1: 525 S MAIN ST
Address 2:
City: KINGMAN State: KS Zip: 67068 + 1968
Contact Person: Jon F Messenger
Phone: (620) 532-5400
Lease Name: GRABER
Well Number: 1

API No.: 15-077-21295-00-01
Permit No: D27609.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 1 Twp. 31 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
3643 feet from ☐ N / ☑ S Line of Section
4656 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 100 psi Injection Zone: STALNAKER
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	0	-10			31
February	0	-10			29
March	0	-10			31
April	0	-10			30
May	0	-10			31
June	0	-10			30
July	0	-10			31
August	0	-10			31
September	0	-10			30
October	0	-10			31
November	0	-10			30
December	0	-10			31
TOTAL	0		0		

Submitted Electronically