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: WOOLDRIDGE
Well Number: 1

API No.: 15-095-21561-00-00
Permit No: D24931.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - S2 - SE - SW Sec. 16 Twp. 27 S. R. 7 ☐ E ☑ W
*(Q/Q/Q/Q)*
355 feet from ☐ N / ☑ S Line of Section
3329 feet from ☑ E / ☐ W Line of Section
County: Kingman

**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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1500 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 | 2690 | -5 | | | 31 |
| February | 2915 | -5 | | | 29 |
| March | 1375 | -5 | | | 31 |
| April | 1260 | -5 | | | 30 |
| May | 1540 | -5 | | | 31 |
| June | 1485 | -5 | | | 30 |
| July | 0 | -5 | | | 31 |
| August | 0 | -5 | | | 31 |
| September | 0 | -5 | | | 30 |
| October | 0 | -5 | | | 31 |
| November | 715 | -5 | | | 30 |
| December | 1375 | -5 | | | 31 |
| ***TOTAL*** | 13355 | | 0 | | |

Submitted Electronically