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 # 30652
Name: Mueller, Tom dba Mueller Oil
Address 1: 1018 1100 ST
Address 2:
City: IOLA State: KS Zip: 66749 + 3985
Contact Person: tom mueller
Phone: (620) 363-0929
Lease Name: MUELLER
Well Number: SWD

API No.: 15-001-31346-00-00
Permit No: D32222.0
Reporting Year: 2020
(January 1 to December 31)

SW - NW - SE - NE Sec. 9 Twp. 25 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
1940 feet from ☑ N / ☐ S Line of Section
1100 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: 500 psi Injection Zone: MISSISSIPPIAN
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	3000	100			31
February	2900	100			29
March	3050	100			31
April	3000	100			30
May	3050	100			30
June	3100	100			30
July	3150	100			31
August	3100	100			31
September	3000	100			30
October	3100	100			31
November	3050	100			30
December	3000	100			31
TOTAL	36500		0		

Submitted Electronically