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 # 8996
Name: Mid-Continent Resources, Inc.
Address 1: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: GILLIG
Well Number: 1-23

API No.: 15-135-23400-00-00
Permit No: D25935.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SW - SE Sec. 23 Twp. 19 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
612 feet from ☐ N / ☑ S Line of Section
1835 feet from ☑ E / ☐ W Line of Section
County: Ness

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: Arbickle
Maximum Authorized Injection Rate: 7500 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	84010	0	0	0	31
February	75880	0	0	0	28
March	84010	0	0	0	31
April	81300	0	0	0	30
May	84010	0	0	0	31
June	81300	0	0	0	30
July	84010	0	0	0	31
August	84010	0	0	0	31
September	81300	0	0	0	30
October	84010	0	0	0	31
November	81300	0	0	0	30
December	84010	0	0	0	31
TOTAL	989150		0		

Submitted Electronically