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 # 31385
Name: M G Oil Inc
Address 1: P.O.Box 162
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0162
Contact Person: CURTIS A COUNTS
Phone: (785) 483-1627
Lease Name: STOSKOPF
Well Number: 2

API No.: 15-009-05177-00-00
Permit No: D10843.0
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - E2 - SW Sec. 15 Twp. 16 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1962 feet from ☐ N / ☑ S Line of Section
3750 feet from ☑ E / ☐ W Line of Section
County: Barton

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: ARBUCKLE
Maximum Authorized Injection Rate: 800 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	465	0	0	0	31
February	420	0	0	0	28
March	465	0	0	0	31
April	450	0	0	0	30
May	465	0	0	0	31
June	450	0	0	0	30
July	465	0	0	0	31
August	465	0	0	0	31
September	450	0	0	0	30
October	465	0	0	0	31
November	450	0	0	0	30
December	465	0	0	0	31
TOTAL	5475		0		

Submitted Electronically