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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 938-2943
Lease Name: NIXON
Well Number: 3

API No.: 15-195-00489-00-01
Permit No: D20850.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - NW Sec. 23 Twp. 12 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
3371 feet from ☐ N / ☑ S Line of Section
3366 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1700 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	465	0	0	0	31
February	435	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	5490		0		

Submitted Electronically