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 # 5205
Name: Mid-Continent Energy Corp.
Address 1: 5920 EAST CENTRAL SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67208 + 4280
Contact Person: Jack N Buehler
Phone: (316) 265-9501
Lease Name: STUM
Well Number: 7

API No.: 15-135-22489-00-01
Permit No: E26634.6
Reporting Year: 2021
(January 1 to December 31)

NE - NW - NW - SW Sec. 32 Twp. 19 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
4569 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: 1000 psi Injection Zone: CHEROKEE,FORT SCOTT
Maximum Authorized Injection Rate: 500 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	6500	400			31
February	5450	400			28
March	6500	350			31
April	6300	400			30
May	6500	420			31
June	6400	400			30
July	6500	400			31
August	6550	430			31
September	6400	400			30
October	6500	420			31
November	6400	400			30
December	6500	400			31
TOTAL	76500		0		

Submitted Electronically