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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + 1121
Contact Person: Rod Brin
Phone: (785) 623-0533
Lease Name: BEESLEY K
Well Number: 4

API No.: 15-063-21503-00-01
Permit No: E34055.1
Reporting Year: 2021
(January 1 to December 31)

____ - S2 - S2 - SE Sec. 24 Twp. 14 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
580 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Gove

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: LANSING-KANSAS CITY,LANSING K
Maximum Authorized Injection Rate: 1500 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					
February					
March					
April					
May					
June					
July					
August					
September					
October	352				16
November	660				30
December	682				31
TOTAL	1694		0		

Submitted Electronically