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 # 32219
Name: McClenning, Mike dba Production Maintenance Service
Address 1: 3922 CR 1250
Address 2:
City: TYRO State: KS Zip: 67364 + 0275
Contact Person: Michael P McClenning
Phone: (620) 988-0042
Lease Name: MELANDER S
Well Number: 1

API No.: 15-125-29653-00-01
Permit No: E31282.1
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - NW Sec. 2 Twp. 34 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
5005 feet from ☐ N / ☑ S Line of Section
2884 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 400 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 200 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	3100	250	0	0	31
February	1500	250	0	0	15
March	0	0	0	0	0
April	0	0	0	0	0
May	1800	250	0	0	28
June	0	0	0	0	0
July	0	0	0	0	0
August	700	250	0	0	12
September	0	0	0	0	0
October	0	0	0	0	0
November	1900	250	0	0	30
December	2500	250	0	0	31
TOTAL	11500		0		

Submitted Electronically