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 # 35217
Name: MB Holdings LLC
Address 1: 2951 CR 2000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7223
Contact Person: Levi Holt
Phone: (620) 330-0692
Lease Name: CITY OF COFFEYVILLE
Well Number: 8

API No.: 15-125-24785-00-01
Permit No: E32454.2
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NE - NE Sec. 8 Twp. 34 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4367 feet from ☐ N / ☑ S Line of Section
902 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: 300 psi Injection Zone: RED FORK
Maximum Authorized Injection Rate: 90 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	2728	300			31
February	2464	300			28
March	2728	300			31
April	2640	300			30
May	2728	300			31
June	2640	300			30
July	2829	300			31
August	2830	300			31
September	2690	300			30
October	2740	300			31
November	2650	300			30
December	2720	300			31
TOTAL	32387		0		

Submitted Electronically