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 # 35225
Name: Michael D. Traylor LLC
Address 1: PO BOX 1224
Address 2:
City: EL DORADO State: KS Zip: 67042 + 1224
Contact Person: Mike Traylor
Phone: (316) 323-2875
Lease Name: SIGMAN
Well Number: 5 A

API No.: 15-015-21012-00-01
Permit No: D19266.0
Reporting Year: 2021
(January 1 to December 31)

____ - S2 - SW - NE Sec. 8 Twp. 26 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
2966 feet from ☐ N / ☑ S Line of Section
1989 feet from ☑ E / ☐ W Line of Section
County: Butler

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	15500				31
February	14000				28
March	15500				31
April	15000				30
May	15500				31
June	15000				30
July	15500				31
August	15500				31
September	15000				30
October	15500				31
November	15000				30
December	15500				31
TOTAL	182500		0		

Submitted Electronically