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 # 32595
Name: MSG Resources Inc.
Address 1: 971 1400TH ST
Address 2:
City: IOLA State: KS Zip: 66749 + 3942
Contact Person: m brown
Phone: (620) 365-0638
Lease Name: MEYER
Well Number: G 13

API No.: 15-133-20891-00-02
Permit No: E32704.2
Reporting Year: 2021
(January 1 to December 31)

___ - SE - SW - SW Sec. 34 Twp. 27 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
174 feet from ☐ N / ☑ S Line of Section
4429 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 550 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 100 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	0	0			0
February	0	0			0
March	0	0			0
April	180	300			18
May	200	300			20
June	300	300			30
July	310	300			31
August	200	300			20
September	0	0			0
October	310	300			31
November	300	300			30
December	310	300			31
TOTAL	2110		0		

Submitted Electronically