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 # 31933
Name: M E Klein & Associates, Inc
Address 1: P O BOX 721436
Address 2:
City: NORMAN State: OK Zip: 73070 + 8106
Contact Person: Mark Klein
Phone: (405) 321-7171
Lease Name: NELSON
Well Number: 1-21

API No.: 15-195-22700-00-01
Permit No: D31200.0
Reporting Year: 2021
(January 1 to December 31)

NE - SE - SW - NE Sec. 21 Twp. 11 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3017 feet from ☐ N / ☑ S Line of Section
1598 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
Maximum Authorized Injection Rate: 700 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	1500				31
February	1500				28
March	1500				31
April	1500				30
May	1500				31
June	1500				30
July	1500				31
August	1500				31
September	1500				30
October	1500				31
November	1500				30
December	1500				31
TOTAL	18000		0		

Submitted Electronically