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 # 35792
Name: Mid Region Energy LLC
Address 1: 1085 260 STREET
Address 2:
City: FORT SCOTT State: KS Zip: 66701 + 1734
Contact Person: daniel varner
Phone: (620) 644-2794
Lease Name: CLEAVER
Well Number: 5-6B INJ3

API No.: 15-011-23586-00-00
Permit No: E30085.32
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SW - NW Sec. 6 Twp. 25 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
3418 feet from ☐ N / ☑ S Line of Section
5091 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 450 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically