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 # 30582
Name: MWK Petroleum, LLC
Address 1: 508 STONE LAKE CT
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2399
Contact Person: MIKE KISER
Phone: (316) 7344810
Lease Name: SAFFORD MANN
Well Number: 3

API No.: 15-015-40097-00-01
Permit No: E16242.2
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SE Sec. 26 Twp. 27 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
624 feet from ☐ N / ☑ S Line of Section
1676 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: 500 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 500 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	775				31
February	700				28
March	775				31
April	750				30
May	775				31
June	750				30
July	775				31
August	775				31
September	750				30
October	775				31
November	750				30
December	775				31
TOTAL	9125		0		

Submitted Electronically