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: EDSON A
Well Number: 3 SWD

API No.: 15-015-23393-00-01
Permit No: D28777.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - NW Sec. 7 Twp. 26 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3835 feet from ☐ N / ☑ S Line of Section
3728 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	32550				31
February	29400				28
March	32550				31
April	31500				30
May	32550				31
June	31500				30
July	32550				31
August	32550				31
September	27300				26
October	32550				31
November	31500				30
December	32550				31
TOTAL	379050		0		

Submitted Electronically