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 # 5330
Name: Excalibur Production Company, Inc.
Address 1: 1016 N MAIN
Address 2: PO BOX 278
City: MCPHERSON State: KS Zip: 67460 + 0278
Contact Person: Lucy Walline
Phone: (620) 241-1265
Lease Name: MCELWAIN
Well Number: 2

API No.: 15-155-01485-00-03
Permit No: D19189.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NE - SE Sec. 34 Twp. 23 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Reno

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 3000 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	65100	0	0	0	31
February	58800	0	0	0	28
March	65100	0	0	0	31
April	63000	0	0	0	30
May	65100	0	0	0	31
June	63000	0	0	0	30
July	65100	0	0	0	31
August	65100	0	0	0	31
September	63000	0	0	0	30
October	65100	0	0	0	31
November	63000	0	0	0	30
December	65100	0	0	0	31
TOTAL	766500		0		

Submitted Electronically