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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 938-2943
Lease Name: WILHELM UNIT
Well Number: 15

API No.: 15-153-20200-00-01
Permit No: E31990.1
Reporting Year: 2023
(January 1 to December 31)

____ - E2 - NW - NW Sec. 20 Twp. 1 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
4673 feet from ☐ N / ☑ S Line of Section
4214 feet from ☑ E / ☐ W Line of Section
County: Rawlins

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: KANSAS CITY,OREAD
Maximum Authorized Injection Rate: 1500 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	29140				31
February	26320				28
March	29140				31
April	28200				30
May	29140				31
June	28200				30
July	29140				31
August	29140				31
September	28200				30
October	29140				31
November	28200				30
December	29140				31
TOTAL	343100		0		

Submitted Electronically