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: HOFFMAN B
Well Number: 1

API No.: 15-053-20904-00-00
Permit No: D23498.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NW - SW Sec. 25 Twp. 17 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2348 feet from ☐ N / ☑ S Line of Section
4415 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 10000 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	21700				31
February	19600				28
March	21700				31
April	21000				30
May	21700				31
June	21000				30
July	21700				31
August	21700				31
September	21000				30
October	21700				31
November	21000				30
December	21700				31
TOTAL	255500		0		

Submitted Electronically