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 # 5798
Name: Weilert, Michael D. dba Michael D. Weilert Oil Company
Address 1: 866 230TH AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9605
Contact Person: Michael D. Weilert
Phone: ( 785 ) 650-5450
Lease Name: HARWOOD
Well Number: 2

API No.: 15-051-22819-00-01
Permit No: D20919.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - NE - NW Sec. 7 Twp. 14 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
4970 feet from ☐ N / ☑ S Line of Section
2966 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 150 psi Injection Zone: CEDAR HILLS
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 | 2790 | 0 | | | 31 |
| February | 2520 | 0 | | | 28 |
| March | 2790 | 0 | | | 31 |
| April | 2700 | 0 | | | 30 |
| May | 2790 | 0 | | | 31 |
| June | 2700 | 0 | | | 30 |
| July | 2790 | 0 | | | 31 |
| August | 2790 | 0 | | | 31 |
| September | 2700 | 0 | | | 30 |
| October | 2790 | 0 | | | 31 |
| November | 2700 | 0 | | | 30 |
| December | 2790 | 0 | | | 31 |
| ***TOTAL*** | 32850 | | 0 | | |

Submitted Electronically