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 # 30737
Name: M.A. Yost Operations, Inc
Address 1: PO BOX 811
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0811
Contact Person: Marcia Blundon
Phone: ( 785 ) 4830273
Lease Name: NELSON B
Well Number: 1

API No.: 15-145-21376-00-00
Permit No: D26464.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 14 Twp. 20 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
346 feet from ☐ N / ☑ S Line of Section
2995 feet from ☑ E / ☐ W Line of Section
County: Pawnee

**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: 1000 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 | 1581 | 0 | 0 | 0 | 31 |
| February | 1428 | 0 | 0 | 0 | 28 |
| March | 1581 | 0 | 0 | 0 | 31 |
| April | 1377 | 0 | 0 | 0 | 30 |
| May | 1530 | 0 | 0 | 0 | 31 |
| June | 6405 | 0 | 0 | 0 | 30 |
| July | 5806 | 0 | 0 | 0 | 31 |
| August | 8406 | 0 | 0 | 0 | 31 |
| September | 8355 | 0 | 0 | 0 | 30 |
| October | 11656 | 0 | 0 | 0 | 31 |
| November | 11280 | 0 | 0 | 0 | 30 |
| December | 11656 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 71061 | | 0 | | |

Submitted Electronically