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 # 33977
Name: E K Energy LLC
Address 1: 12220 SW COLONY RD
Address 2: PO BOX 267
City: COLONY State: KS Zip: 66015 + 0267
Contact Person: David Kimzey
Phone: ( 620 ) 496-6257
Lease Name: MEIWES
Well Number: W-1

API No.: 15-001-29914-00-00
Permit No: D30516.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - ____ - NE - NE Sec. 12 Twp. 24 S. R. 18 ☑ E ☐ W
*(Q/Q/Q/Q)*
4620 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 750 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 | 100 | 0 | | | 31 |
| February | 100 | 0 | | | 28 |
| March | 400 | 0 | | | 30 |
| April | 400 | 0 | | | 30 |
| May | 400 | 0 | | | 30 |
| June | 100 | 0 | | | 30 |
| July | 400 | 0 | | | 31 |
| August | 400 | 0 | | | 31 |
| September | 400 | 0 | | | 30 |
| October | 400 | 0 | | | 31 |
| November | 400 | 0 | | | 30 |
| December | 400 | 0 | | | 31 |
| ***TOTAL*** | 3900 | | 0 | | |

Submitted Electronically