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 # 32595
Name: MSG Resources Inc.
Address 1: 971 1400TH ST
Address 2:
City: IOLA State: KS Zip: 66749 + 3942
Contact Person: Lesli Baker
Phone: (620) 365-0638
Lease Name: KINNE
Well Number: 1 B

API No.: 15-133-20143-00-01
Permit No: E15249.1
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - SE Sec. 13 Twp. 28 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
874 feet from ☐ N / ☑ S Line of Section
740 feet from ☑ E / ☐ W Line of Section
County: Neosho

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Bartelsville
Maximum Authorized Injection Rate: 100 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	0	0	0	0	0
February	0	0	0	0	0
March	98	150	0	0	31
April	95	150	0	0	30
May	98	150	0	0	31
June	95	150	0	0	30
July	98	150	0	0	31
August	98	150	0	0	31
September	95	150	0	0	30
October	98	150	0	0	31
November	95	150	0	0	30
December	0	0	0	0	0
TOTAL	870		0		

Submitted Electronically