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 # 35217
Name: MB Holdings LLC
Address 1: 2951 CR 2000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7223
Contact Person: LEVI HOLT
Phone: (620) 8701660
Lease Name: GILLMAN
Well Number: W-3

API No.: 15-125-30997-00-01
Permit No: E21190.3
Reporting Year: 2023
(January 1 to December 31)

SW - SE - SE - NW Sec. 24 Twp. 34 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2956 feet from ☐ N / ☑ S Line of Section
3007 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 100 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 75 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	2170	100			31
February	1960	100			28
March	2170	100			31
April	2100	100			30
May	2170	100			31
June	2100	100			30
July	2170	100			31
August	2170	100			31
September	2100	100			30
October	2170	100			31
November	2100	100			30
December	2170	100			31
TOTAL	25550		0		

Submitted Electronically