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 # 35346
Name: Marshall Oil, LLC
Address 1: 304 E. 9TH ST.
Address 2: PO BOX 389
City: EUREKA State: KS Zip: 67045 + 0389
Contact Person: bm
Phone: (620) 750-0058
Lease Name: OLSEN
Well Number: 3

API No.: 15-073-01577-00-02
Permit No: D25898.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SE - SW Sec. 6 Twp. 25 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
918 feet from ☐ N / ☑ S Line of Section
2462 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: KANSAS CITY
Maximum Authorized Injection Rate: 50 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	1200	0			31
February	1000	0			28
March	1200	0			31
April	1100	0			30
May	1200	0			31
June	1100	0			30
July	1200	0			31
August	1100	0			31
September	1100	0			30
October	1200	0			31
November	1100	0			30
December	1200	0			31
TOTAL	13700		0		

Submitted Electronically