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 # 35225
Name: Michael D. Traylor LLC
Address 1: PO BOX 1224
Address 2:
City: EL DORADO State: KS Zip: 67042 + 1224
Contact Person: mike traylor
Phone: (316) 323-2875
Lease Name: BORST
Well Number: 2

API No.: 15-073-21813-00-02
Permit No: E21812.1
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - SW Sec. 23 Twp. 26 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
1218 feet from ☐ N / ☑ S Line of Section
3431 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: 750 psi Injection Zone: MISSISSIPPIAN

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	4000				31
February	3000				28
March	4000				31
April	4000				30
May	4000				30
June	3000				30
July	4000				31
August	4000				31
September	4000				30
October	4000				30
November	4000				30
December	4000				31
TOTAL	46000		0		

Submitted Electronically