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 # 35503
Name: Midstates Energy Operating, LLC
Address 1: 5571 HALIFAX AVENUE
Address 2:
City: FT MYERS State: FL Zip: 33912 + 4403
Contact Person: Victoria Davis
Phone: (239) 454-4999
Lease Name: MARK LEACH
Well Number: I-1

API No.: 15-059-27157-00-01
Permit No: E32602.1
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - SE Sec. 20 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
1957 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: Squirrel
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	705	500	0	0	31
February	316	500	0	0	28
March	534	500	0	0	31
April	610	500	0	0	30
May	719	500	0	0	31
June	766	500	0	0	30
July	730	500	0	0	31
August	684	500	0	0	31
September	700	500	0	0	30
October	700	500	0	0	31
November	645	500	0	0	30
December	645	500	0	0	31
TOTAL	7754		0		

Submitted Electronically