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 # 30582
Name: MWK Petroleum, LLC
Address 1: 508 STONE LAKE CT
Address 2:
City: AUGUSTA State: Kansas Zip: 67010 + 2399
Contact Person: Michael W KISER
Phone: (316) 734-4810
Lease Name: FOWLER
Well Number: 1

API No.: 15-073-30089-00-01
Permit No: E17019.1
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SE Sec. 24 Twp. 27 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
2360 feet from ☐ N / ☑ S Line of Section
919 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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 20 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	589				31
February	551				29
March	589				31
April	570				30
May	589				31
June	570				30
July	589				31
August	589				31
September	570				30
October	418				22
November	570				30
December	589				31
TOTAL	6783		0		

Submitted Electronically