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 # 9684
Name: Smith, Mark A. dba M S Drilling Company
Address 1: 1008 WASHINGTON
Address 2: PO BOX 87
City: ST PAUL State: KS Zip: 66771 + 0087
Contact Person: Bill Wax
Phone: (620) 423-6715
Lease Name: HY-GRADE
Well Number: 1

API No.: 15-133-24882-00-00
Permit No: E24330.1
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - SE Sec. 15 Twp. 29 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
86 feet from ☐ N / ☑ S Line of Section
1862 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 130 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 25 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	11	125	0		1
February	23	125	0		1
March	18	125	0		1
April	29	125	0		2
May	39	125	0		3
June	21	125	0		2
July	24	125	0		2
August	28	125	0		3
September	41	125	0		4
October	46	125	0		4
November	42	125	0		3
December	51	125	0		3
TOTAL	373		0		

Submitted Electronically