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 # 8996
Name: Mid-Continent Resources, Inc.
Address 1: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: ERBERT 22
Well Number: 1

API No.: 15-051-24479-00-03
Permit No: D28503.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SW - SW Sec. 20 Twp. 12 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1282 feet from ☐ N / ☑ S Line of Section
4715 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: Cedar Hill
Maximum Authorized Injection Rate: 500 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	480	0	0	0	31
February	420	0	0	0	29
March	480	0	0	0	31
April	455	0	0	0	30
May	480	0	0	0	31
June	455	0	0	0	30
July	480	0	0	0	31
August	480	0	0	0	31
September	455	0	0	0	30
October	480	0	0	0	31
November	455	0	0	0	30
December	480	0	0	0	31
TOTAL	5600		0		

Submitted Electronically