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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 # 36164
Name: MAD Operators LLC
Address 1: 7 SW 26 AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Lanny Butner
Phone: (316) 253-8081
Lease Name: ELMORE RYAN
Well Number: A-1

API No.: 15-135-22544-00-01
Permit No: D23826.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - SE Sec. 16 Twp. 18 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
2307 feet from ☐ N / ☑ S Line of Section
2322 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 150 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	9250				31
February	8390				28
March	9290				31
April	8950				30
May	9275				31
June	8889				30
July	9249				30
August	9285				31
September	8988				30
October	9245				31
November	8925				30
December	9245				31
TOTAL	108981		0		

Submitted Electronically