

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: WELSH (J WELSH A)
Well Number: 2

API No.: 15-185-12661-00-01
Permit No: E06117.2
Reporting Year: 2024
(January 1 to December 31)
____ - NW - SW - SW Sec. 18 Twp. 21 S. R. 12 ☐ E ☒ W
(a/a/a/a)
998 feet from ☐ N / ☒ S Line of Section
4823 feet from ☒ E / ☐ W Line of Section
County: Stafford

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 250 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	<u>2700</u>	_____	_____	_____	<u>31</u>
	February	<u>1870</u>	_____	_____	_____	<u>28</u>
	March	<u>1150</u>	_____	_____	_____	<u>31</u>
	April	<u>5250</u>	_____	_____	_____	<u>30</u>
	May	<u>2102</u>	_____	_____	_____	<u>31</u>
	June	<u>5100</u>	_____	_____	_____	<u>30</u>
	July	<u>5270</u>	_____	_____	_____	<u>30</u>
	August	<u>5270</u>	_____	_____	_____	<u>31</u>
	September	<u>5099</u>	_____	_____	_____	<u>30</u>
	October	<u>4805</u>	_____	_____	_____	<u>31</u>
	November	<u>5160</u>	_____	_____	_____	<u>30</u>
	December	<u>5205</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>48981</u>	_____	<u>0</u>	_____	_____

Submitted Electronically