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 # 35217
Name: MB Holdings LLC
Address 1: 2951 CR 2000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7223
Contact Person: LEVI HOLT
Phone: (620) 330-0692
Lease Name: CITY OF COFFEYVILLE
Well Number: 5

API No.: 15-125-24744-00-01
Permit No: E32454.1
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - NE Sec. 8 Twp. 34 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4786 feet from ☐ N / ☑ S Line of Section
915 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: RED FORK
Maximum Authorized Injection Rate: 90 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	2790	300			31
February	2610	300			29
March	2790	300			31
April	2700	300			30
May	2790	300			31
June	2700	300			30
July	2790	300			31
August	2790	300			31
September	2700	300			30
October	2790	300			31
November	2700	300			30
December	2790	300			31
TOTAL	32940		0		

Submitted Electronically