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 # 30304
Name: Taylor, Michael dba M. J. T. Enterprises
Address 1: 37411 JOHN BROWN HWY
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 5254
Contact Person: Victoria Davis
Phone: (913) 755-4265
Lease Name: BEETS
Well Number: WW 2

API No.: 15-121-26809-00-00
Permit No: E22110.5
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - NW Sec. 31 Twp. 16 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3238 feet from ☐ N / ☑ S Line of Section
3750 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	310	360	0	0	31
February	290	360	0	0	29
March	310	360	0	0	31
April	300	360	0	0	30
May	310	360	0	0	31
June	300	360	0	0	30
July	310	360	0	0	31
August	310	360	0	0	31
September	300	360	0	0	30
October	310	360	0	0	31
November	300	360	0	0	30
December	310	360	0	0	31
TOTAL	3660		0		

Submitted Electronically