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 # 33690
Name: Elmer L. Karst Oil, a General Partnership
Address 1: 18596 I 70 RD
Address 2: BOX 208
City: RUSSELL State: KS Zip: 67665 + 0208
Contact Person: Kirk Karst
Phone: ( 785 ) 483-8053
Lease Name: MILBERGER
Well Number: 5

API No.: 15-167-21660-00-01
Permit No: E19364.2
Reporting Year: 2025
*(January 1 to December 31)*

____ - N2 - NE - NW Sec. 7 Twp. 14 S. R. 14 ☐ E ☑ W
*(Q/Q/Q/Q)*
5127 feet from ☐ N / ☑ S Line of Section
3436 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 600 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 800 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 | 2880 | | | | 16 |
| February | 5040 | | | | 28 |
| March | 5580 | | | | 31 |
| April | 5400 | | | | 30 |
| May | 5580 | | | | 31 |
| June | 5400 | | | | 30 |
| July | 5580 | | | | 31 |
| August | 5580 | | | | 31 |
| September | 5400 | | | | 30 |
| October | 5580 | | | | 31 |
| November | 5400 | | | | 30 |
| December | 5580 | | | | 31 |
| ***TOTAL*** | 63000 | | 0 | | |

Submitted Electronically