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 # 35503
Name: Midstates Energy Operating, LLC
Address 1: 5571 HALIFAX AVENUE
Address 2:
City: FT MYERS State: FL Zip: 33912 + 4403
Contact Person: Victoria Davis
Phone: ( 239 ) 454-4999
Lease Name: MARK LEACH
Well Number: I-2

API No.: 15-059-27158-00-00
Permit No: E32602.2
Reporting Year: 2025
*(January 1 to December 31)*

____ - SE - NE - SE Sec. 20 Twp. 15 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
1633 feet from ☐ N / ☑ S Line of Section
337 feet from ☑ E / ☐ W Line of Section
County: Franklin

**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 | 65 | 500 | 0 | 0 | 31 |
| February | 0 | 0 | 0 | 0 | 28 |
| March | 78 | 500 | 0 | 0 | 31 |
| April | 166 | 500 | 0 | 0 | 30 |
| May | 212 | 500 | 0 | 0 | 31 |
| June | 230 | 500 | 0 | 0 | 30 |
| July | 304 | 500 | 0 | 0 | 31 |
| August | 290 | 500 | 0 | 0 | 31 |
| September | 247 | 500 | 0 | 0 | 30 |
| October | 194 | 500 | 0 | 0 | 31 |
| November | 176 | 500 | 0 | 0 | 30 |
| December | 145 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 2107 | | 0 | | |

Submitted Electronically