

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 # 33922

Name: Mustang Energy Corporation

Address 1: PO BOX 1121

Address 2: _____

City: HAYS State: KS Zip: 67601 + 1121

Contact Person: Rod BRIN

Phone: (785) 6230533

Lease Name: HERMAN B

Well Number: 3

API No.: 15-051-00594-00-01

Permit No: D21330.0

Reporting Year: 2025
(January 1 to December 31)

SE SW SW Sec. 22 Twp. 13 S. R. 20 ☐ E ☒ W
(a/a/a/a)

232 feet from ☐ N / ☒ S Line of Section

4415 feet from ☒ E / ☐ W Line of Section

County: Ellis

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: CEDAR HILLS

Maximum Authorized Injection Rate: 900 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>6665</u>	_____	_____	_____	<u>31</u>
	February	<u>6235</u>	_____	_____	_____	<u>28</u>
	March	<u>6665</u>	_____	_____	_____	<u>31</u>
	April	<u>6450</u>	_____	_____	_____	<u>30</u>
	May	<u>6665</u>	_____	_____	_____	<u>31</u>
	June	<u>6450</u>	_____	_____	_____	<u>30</u>
	July	<u>6665</u>	_____	_____	_____	<u>31</u>
	August	<u>6665</u>	_____	_____	_____	<u>31</u>
	September	<u>6450</u>	_____	_____	_____	<u>30</u>
	October	<u>6665</u>	_____	_____	_____	<u>31</u>
	November	<u>6450</u>	_____	_____	_____	<u>30</u>
	December	<u>6665</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>78690</u>	_____	<u>0</u>	_____	_____

Submitted Electronically