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 # 31528
Name: Mike Kelso Oil, Inc.
Address 1: PO BOX 467
Address 2:
City: CHASE State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: ( 620 ) 938-2943
Lease Name: J. G. ESFELD
Well Number: 6

API No.: 15-009-15002-00-01
Permit No: D31226.0
Reporting Year: 2025
*(January 1 to December 31)*

____ - NE - NW - SW Sec. 20 Twp. 16 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
2298 feet from ☐ N / ☑ S Line of Section
4310 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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 | 1860 | | | | 31 |
| February | 1560 | | | | 26 |
| March | 1860 | | | | 31 |
| April | 1800 | | | | 30 |
| May | 180 | | | | 3 |
| June | 0 | | | | 0 |
| July | 960 | | | | 16 |
| August | 0 | | | | 0 |
| September | 0 | | | | 0 |
| October | 0 | | | | 0 |
| November | 0 | | | | 0 |
| December | 0 | | | | 0 |
| ***TOTAL*** | 8220 | | 0 | | |

Submitted Electronically