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: SMITH
Well Number: B2

API No.: 15-009-07295-00-01
Permit No: D21096.0
Reporting Year: 2025
(January 1 to December 31)

____ - SE - SW - NE Sec. 7 Twp. 18 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2991 feet from ☐ N / ☑ S Line of Section
1743 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 450 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	13330				31
February	12040				28
March	13330				31
April	12900				30
May	13330				31
June	12900				30
July	13330				31
August	13330				31
September	12900				30
October	13330				31
November	12900				30
December	13330				31
TOTAL	156950		0		

Submitted Electronically