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 # 36164
Name: MAD Operators LLC
Address 1: 7 SW 26 AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Lanny Butner
Phone: (316) 793-3051
Lease Name: LINN
Well Number: A 1-9

API No.: 15-135-25714-00-00
Permit No: D31839.0
Reporting Year: 2025
(January 1 to December 31)

N2 - SE - NE - SW Sec. 9 Twp. 20 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
1846 feet from ☐ N / ☑ S Line of Section
3000 feet from ☑ E / ☐ W Line of Section
County: Ness

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: CEDAR HILLS
Maximum Authorized Injection Rate: 750 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	0				31
February	51				28
March	52				31
April	49				30
May	0				31
June	0				30
July	0				31
August	0				31
September	0				30
October	0				31
November	0				30
December	0				31
TOTAL	152		0		

Submitted Electronically