KOLAR Document ID: 1882790

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: ELMORE RYAN
Well Number: A-1

API No.: 15-135-22544-00-01
Permit No: D23826.0
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NW - SE Sec. 16 Twp. 18 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
2307 feet from ☐ N / ☑ S Line of Section
2322 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: 150 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	9250				31
February	8345				28
March	9210				31
April	8900				30
May	9290				31
June	9236				30
July	9275				31
August	9195				31
September	8950				30
October	9155				31
November	8885				30
December	9235				31
TOTAL	108926		0		

Submitted Electronically