KOLAR Document ID: 1882868

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: WELSH (J WELSH A)
Well Number: 2

API No.: 15-185-12661-00-01
Permit No: E06117.2
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - SW Sec. 18 Twp. 21 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
998 feet from ☐ N / ☑ S Line of Section
4823 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 250 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	1020				31
February	3990				28
March	3720				31
April	3600				30
May	3410				31
June	2640				30
July	3415				31
August	2790				31
September	2400				30
October	3445				31
November	2700				30
December	3100				31
TOTAL	36230		0		

Submitted Electronically