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 # 6236
Name: MTM Petroleum, Inc.
Address 1: 2370 SOUTH STATE ROAD 14
Address 2: PO BOX 391
City: KINGMAN State: KS Zip: 67068 + 0391
Contact Person: Nick Miller
Phone: (620) 955-6014
Lease Name: KOPF E
Well Number: 2

API No.: 15-095-21507-00-00
Permit No: D23859.0
Reporting Year: 2025
(January 1 to December 31)

__ - SW - NE - SE Sec. 14 Twp. 30 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
1704 feet from ☐ N / ☑ S Line of Section
1097 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 10 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	12555				31
February	11340				28
March	12555				31
April	12150				30
May	12150				31
June	11475				30
July	11950				31
August	12455				31
September	11850				30
October	12555				31
November	12345				30
December	12265				31
TOTAL	145645		0		

Submitted Electronically