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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 # 8866
Name: McFadden, Jack W. dba McFadden Oil Co.
Address 1: PO BOX 394
Address 2:
City: IOLA State: KS Zip: 66749 + 0394
Contact Person: Jack
Phone: (620) 496-7946
Lease Name: STOTLER
Well Number: 1-B-19

API No.: 15-001-26468-00-00
Permit No: E22316.1
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SE - SE Sec. 21 Twp. 25 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
880 feet from ☐ N / ☑ S Line of Section
880 feet from ☑ E / ☐ W Line of Section
County: Allen

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: BARTLESVILLE
Maximum Authorized Injection Rate: 30 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	155	400	0		31
February	140	400	0		28
March	155	400	0		31
April	150	400	0		30
May	155	400	0		31
June	150	400	0		30
July	155	400	0		31
August	155	400	0		31
September	150	400	0		30
October	155	400	0		31
November	150	400	0		30
December	155	400	0		31
TOTAL	1825		0		

Submitted Electronically