1334170

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 MCFADDEN
Phone: (620) 496-7946
Lease Name: APT
Well Number: 113

API No.: 15-001-20465-00-01
Permit No: E14856.11
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SE - NW Sec. 34 Twp. 24 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
3840 feet from ☐ N / ☑ S Line of Section
3100 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: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 150 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	620	600	0		31
February	560	600	0		28
March	620	600	0		31
April	600	600	0		30
May	620	600	0		31
June	600	600	0		30
July	620	600	0		31
August	620	600	0		31
September	600	600	0		30
October	620	600	0		31
November	600	600	0		30
December	620	600	0		31
TOTAL	7300		0		

Submitted Electronically