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 # 31881
Name: McGinness Oil Company of Kansas, Inc.
Address 1: 1700 N WATERFRONT PKWY,
Address 2: BLDG. 300, STE B
City: WICHITA State: KS Zip: 67206 + __ __ __ __
Contact Person: Leah Kasten
Phone: (316) 267-6065
Lease Name: THOMPSON
Well Number: 1

API No.: 15-097-00010-00-01
Permit No: D28434.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - NW Sec. 4 Twp. 28 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2991 feet from ☐ N / ☑ S Line of Section
4894 feet from ☑ E / ☐ W Line of Section
County: Kiowa

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: 0 psi Injection Zone: ARBUCKLE
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	1550	0	0		31
February	1400	0	0		28
March	1550	0	0		31
April	1500	0	0		30
May	1550	0	0		31
June	1500	0	0		30
July	1550	0	0		31
August	1550	0	0		31
September	1500	0	0		30
October	1550	0	0		31
November	1500	0	0		30
December	1550	0	0		31
TOTAL	18250		0		

Submitted Electronically