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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 9342 E CENTRAL
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: Brent Reinhardt
Phone: (316) 636-2737
Lease Name: CAMPBELL TRUST - SWDW
Well Number: 2-14

API No.: 15-093-21103-00-01
Permit No: D32425.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SW Sec. 14 Twp. 25 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
360 feet from ☐ N / ☑ S Line of Section
2223 feet from ☑ E / ☐ W Line of Section
County: Kearny

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: Cedar Hills
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	1488	0	0		31
June	1440	0	0		30
July	1488	0	0		31
August	1488	0	0		31
September	1440	0	0		30
October	1200	0	0		31
November	921	0	0		30
December	1200	0	0		31
TOTAL	10665		0		

Submitted Electronically