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: MELLIES - SWDW
Well Number: 1-19

API No.: 15-135-23810-00-01
Permit No: D27697.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 19 Twp. 19 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
3258 feet from ☐ N / ☑ S Line of Section
1981 feet from ☑ E / ☐ W Line of Section
County: Ness

**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 | 4805 | 0 | 0 | | 31 |
| February | 4340 | 0 | 0 | | 28 |
| March | 4805 | 0 | 0 | | 31 |
| April | 4650 | 0 | 0 | | 30 |
| May | 4805 | 0 | 0 | | 31 |
| June | 4650 | 0 | 0 | | 30 |
| July | 4805 | 0 | 0 | | 31 |
| August | 4805 | 0 | 0 | | 31 |
| September | 4650 | 0 | 0 | | 30 |
| October | 4805 | 0 | 0 | | 31 |
| November | 4650 | 0 | 0 | | 30 |
| December | 4805 | 0 | 0 | | 31 |
| ***TOTAL*** | 56575 | | 0 | | |

Submitted Electronically