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 # 3630
Name: McCorgary, Martin dba McCorgary Operations
Address 1: 1180 322ND RD
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + __ __ __ __
Contact Person: Martin McCorgary
Phone: ( 620 ) 442-4437
Lease Name: BOYLAN HARRIS
Well Number: 3

API No.: 15-035-21988-00-01
Permit No: D24539.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - ____ - W2 - NE Sec. 18 Twp. 35 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
3811 feet from ☐ N / ☑ S Line of Section
1963 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: LAYTON
Maximum Authorized Injection Rate: 600 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 | 4960 | 0 | 0 | | 31 |
| February | 4480 | 0 | 0 | | 28 |
| March | 4960 | 0 | 0 | | 31 |
| April | 4800 | 0 | 0 | | 30 |
| May | 4960 | 0 | 0 | | 31 |
| June | 4800 | 0 | 0 | | 30 |
| July | 4960 | 0 | 0 | | 31 |
| August | 4960 | 0 | 0 | | 31 |
| September | 4800 | 0 | 0 | | 30 |
| October | 4960 | 0 | 0 | | 31 |
| November | 4800 | 0 | 0 | | 30 |
| December | 4960 | 0 | 0 | | 31 |
| ***TOTAL*** | 58400 | | 0 | | |

Submitted Electronically