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 # 5786
Name: McGown Drilling, Inc.
Address 1: PO BOX K
Address 2:
City: MOUND CITY State: KS Zip: 66056 + __ __ __ __
Contact Person: Rhonda McGown
Phone: (620) 224-7402
Lease Name: FOOSE B D
Well Number: 8

API No.: 15-011-20464-00-01
Permit No: E19465.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NW Sec. 6 Twp. 24 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
995 feet from ☐ N / ☑ S Line of Section
2340 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: No
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	450	600	0		31
February	365	600	0		28
March	445	600	0		31
April	415	600	0		30
May	450	600	0		31
June	410	600	0		30
July	400	600	0		31
August	450	600	0		31
September	430	600	0		30
October	425	600	0		31
November	430	600	0		30
December	455	600	0		31
TOTAL	5125		0		

Submitted Electronically