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: MCGOWN FAMILY TRUST
Well Number: Z18-14

API No.: 15-107-24558-00-00
Permit No: D31090.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - NW Sec. 14 Twp. 22 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
2309 feet from ☐ N / ☑ S Line of Section
1021 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 200 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 400 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	650	0	0		8
February	700	0	0		8
March	1000	0	0		10
April	400	0	0		5
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	80	0	0		1
November	0		0		
December	0		0		
TOTAL	2830		0		

Submitted Electronically