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: WAGNER
Well Number: H 9

API No.: 15-001-28155-00-01
Permit No: E06814.7
Reporting Year: 2017
(January 1 to December 31)

____ - NW - E2 - E2 Sec. 15 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4003 feet from ☐ N / ☑ S Line of Section
3147 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	310	400	0		31
February	275	400	0		28
March	325	400	0		31
April	315	400	0		30
May	310	400	0		31
June	305	400	0		30
July	315	400	0		31
August	320	400	0		31
September	295	400	0		30
October	305	400	0		31
November	310	400	0		30
December	315	400	0		31
TOTAL	3700		0		

Submitted Electronically