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 4

API No.: 15-001-28148-00-01
Permit No: E06814.4
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SE - S2 Sec. 15 Twp. 24 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3057 feet from ☐ N / ☑ S Line of Section
3031 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 | 915 | 400 | 0 | | 31 |
| February | 845 | 400 | 0 | | 28 |
| March | 925 | 400 | 0 | | 31 |
| April | 905 | 400 | 0 | | 30 |
| May | 930 | 400 | 0 | | 31 |
| June | 905 | 400 | 0 | | 30 |
| July | 960 | 400 | 0 | | 31 |
| August | 920 | 400 | 0 | | 31 |
| September | 880 | 400 | 0 | | 30 |
| October | 920 | 400 | 0 | | 31 |
| November | 895 | 400 | 0 | | 30 |
| December | 915 | 400 | 0 | | 31 |
| ***TOTAL*** | 10915 | | 0 | | |

Submitted Electronically