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 # 31203
Name: McQuade, Owen dba Owen's Pumping Service
Address 1: 640 E SUNSET AVE
Address 2:
City: RUSSELL State: KS Zip: 67665 + 3128
Contact Person: OWEN MCQUADE
Phone: (785) 483-6321
Lease Name: ELSIE COADY
Well Number: 2

API No.: 15-167-21300-00-00
Permit No: E19925.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NE - NE Sec. 24 Twp. 15 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
4022 feet from ☐ N / ☑ S Line of Section
973 feet from ☑ E / ☐ W Line of Section
County: Russell

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: LANSING
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0				0
February	672				28
March	775				31
April	750				30
May	775				31
June	750				30
July	0				0
August	760				31
September	750				30
October	775				30
November	750				30
December	775				31
TOTAL	7532		0		

Submitted Electronically