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 # 5675
Name: McPherson, Ron dba McPherson Drilling
Address 1: PO BOX 129
Address 2:
City: SYCAMORE State: KS Zip: 67363 + 0129
Contact Person: Mac McPherson
Phone: (620) 505-0301
Lease Name: MCPHERSON
Well Number: SWD 1

API No.: 15-125-30068-00-00
Permit No: D27979.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NW - SW Sec. 13 Twp. 31 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2038 feet from ☐ N / ☑ S Line of Section
4359 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: ARBUCKLE
Maximum Authorized Injection Rate: 1600 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	60	0	0	0	2
February	60	0	0	0	2
March	60	0	0	0	2
April	60	0	0	0	2
May	60	0	0	0	2
June	60	0	0	0	2
July	60	0	0	0	2
August	60	0	0	0	2
September	60	0	0	0	2
October	60	0	0	0	2
November	60	0	0	0	2
December	60	0	0	0	2
TOTAL	720		0		

Submitted Electronically