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 # 35477
Name: Jeff McQuade Oil, LLC
Address 1: 445 E. WICHITA AVE.
Address 2: PO BOX 622
City: RUSSELL State: KS Zip: 67665 + 0622
Contact Person: Jeff McQuade
Phone: (785) 483-9424
Lease Name: KARST
Well Number: 2

API No.: 15-167-21126-00-01
Permit No: D22158.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SW Sec. 21 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
410 feet from ☐ N / ☑ S Line of Section
5050 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: REAGAN
Maximum Authorized Injection Rate: 1000 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	18445	0			31
February	16660	0			28
March	18445	0			31
April	17850	0			30
May	18445	0			31
June	17850	0			30
July	18445	0			31
August	18445	0			31
September	17850	0			30
October	18445	0			31
November	17850	0			30
December	18445	0			31
TOTAL	217175		0		

Submitted Electronically