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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 9342 E CENTRAL
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: Brent Reinhardt
Phone: (316) 636-2737
Lease Name: SEELE A - EOR
Well Number: 3-2

API No.: 15-109-20703-00-01
Permit No: E30171.2
Reporting Year: 2019
(January 1 to December 31)

SE - SE - ____ - ____ Sec. 2 Twp. 11 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
635 feet from ☐ N / ☑ S Line of Section
719 feet from ☑ E / ☐ W Line of Section
County: Logan

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: 1200 psi Injection Zone: Lkc
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	13004	0	0	0	31
February	11015	0	0	0	28
March	12347	0	0	0	31
April	12146	0	0	0	30
May	13122	0	0	0	31
June	10698	0	0	0	30
July	11815	0	0	0	31
August	13209	0	0	0	31
September	13999	0	0	0	30
October	14197	0	0	0	31
November	13540	0	0	0	30
December	20349	0	0	0	31
TOTAL	159441		0		

Submitted Electronically