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: LEITH - SWDW
Well Number: 1-30

API No.: 15-047-21451-00-01
Permit No: D27904.0
Reporting Year: 2019
(January 1 to December 31)

SW - NE - SW - ____ Sec. 30 Twp. 26 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1860 feet from ☐ N / ☑ S Line of Section
3281 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: Arb
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	7168	0	0	0	31
February	6316	0	0	0	28
March	6145	0	0	0	31
April	7400	0	0	0	30
May	7236	0	0	0	31
June	6972	0	0	0	30
July	7211	0	0	0	31
August	7292	0	0	0	31
September	7114	0	0	0	30
October	7468	0	0	0	31
November	6987	0	0	0	30
December	7072	0	0	0	31
TOTAL	84381		0		

Submitted Electronically