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 # 8866
Name: McFadden, Jack W. dba McFadden Oil Co.
Address 1: PO BOX 394
Address 2:
City: IOLA State: KS Zip: 66749 + 0394
Contact Person: Jack
Phone: (620) 496-7946
Lease Name: LARSON
Well Number: R-2

API No.: 15-001-29277-00-00
Permit No: D28597.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NW Sec. 9 Twp. 25 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
4930 feet from ☐ N / ☑ S Line of Section
3760 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 300 psi Injection Zone: ARBUCKLE
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	3100	125			31
February	3000	25			28
March	3100	125			31
April	300	125			30
May	3100	125			31
June	3000	125			30
July	3100	125			31
August	3100	125			31
September	3000	125			30
October	3100	125			31
November	3000	125			30
December	3100	125			31
TOTAL	34000		0		

Submitted Electronically