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: MEALEY
Well Number: W 2

API No.: 15-001-03172-00-01
Permit No: D08454.0
Reporting Year: 2019
(January 1 to December 31)

SW - NW - SW - SW Sec. 2 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
810 feet from ☐ N / ☑ S Line of Section
5155 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: 450 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 100 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	1500	250			31
February	1480	250			28
March	1500	250			31
April	1480	250			30
May	1510	250			31
June	1480	250			30
July	1520	250			31
August	1520	250			31
September	1500	250			30
October	1520	250			31
November	1490	250			30
December	1500	250			31
TOTAL	18000		0		

Submitted Electronically