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: APT
Well Number: 109

API No.: 15-001-02784-00-00
Permit No: E14856.10
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SE - NW Sec. 34 Twp. 24 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
3360 feet from ☐ N / ☑ S Line of Section
2702 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: 800 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 150 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	630	550			31
February	600	550			28
March	630	550			31
April	600	550			30
May	630	550			31
June	600	550			30
July	660	550			31
August	620	550			31
September	600	550			30
October	610	550			31
November	590	550			30
December	630	550			31
TOTAL	7400		0		

Submitted Electronically