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 # 5786
Name: McGown Drilling, Inc.
Address 1: 13777 W 750 RD
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 6219
Contact Person: Rhonda McGown
Phone: ( 620 ) 224-7402
Lease Name: WAGNER
Well Number: H 8

API No.: 15-001-28154-00-01
Permit No: E06814.6
Reporting Year: 2019
*(January 1 to December 31)*

E2 - NW - ____ - ____ Sec. 15 Twp. 24 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3903 feet from ☐ N / ☑ S Line of Section
3040 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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 315 | 450 | 0 | 0 | 31 |
| February | 290 | 450 | 0 | 0 | 28 |
| March | 300 | 450 | 0 | 0 | 31 |
| April | 305 | 450 | 0 | 0 | 30 |
| May | 325 | 450 | 0 | 0 | 31 |
| June | 310 | 450 | 0 | 0 | 30 |
| July | 310 | 450 | 0 | 0 | 31 |
| August | 305 | 450 | 0 | 0 | 31 |
| September | 300 | 450 | 0 | 0 | 30 |
| October | 310 | 450 | 0 | 0 | 31 |
| November | 300 | 450 | 0 | 0 | 30 |
| December | 305 | 450 | 0 | 0 | 31 |
| ***TOTAL*** | 3675 | | 0 | | |

Submitted Electronically