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 # 3630
Name: McCorgary, Martin dba McCorgary Operations
Address 1: 1180 322ND RD
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 5452
Contact Person: Kelly McCorgary
Phone: (620) 442-4437
Lease Name: MCCLASKEY TOM
Well Number: 1

API No.: 15-191-20376-00-01
Permit No: D26413.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - NE Sec. 10 Twp. 35 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
3587 feet from ☐ N / ☑ S Line of Section
900 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 30 psi Injection Zone: LAYTON
Maximum Authorized Injection Rate: 400 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	775	0	0	0	31
February	700	0	0	0	28
March	775	0	0	0	31
April	750	0	0	0	30
May	775	0	0	0	31
June	750	0	0	0	30
July	775	0	0	0	31
August	775	0	0	0	31
September	750	0	0	0	30
October	775	0	0	0	31
November	750	0	0	0	30
December	775	0	0	0	31
TOTAL	9125		0		

Submitted Electronically