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 # 6084
Name: McMullin, Douglas
Address 1: 4397 HIGHWAY K 68
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8541
Contact Person: Doug McMullin
Phone: ( 785 ) 883-4343
Lease Name: MILLER
Well Number: 3

API No.: 15-121-20584-00-01
Permit No: E19480.1
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - NW - NW Sec. 35 Twp. 16 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
4424 feet from ☐ N / ☑ S Line of Section
4607 feet from ☑ E / ☐ W Line of Section
County: Miami

**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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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 | 26 | 200 | 0 | 0 | 3 |
| February | 35 | 200 | 0 | 0 | 2 |
| March | 45 | 200 | 0 | 0 | 2 |
| April | 55 | 200 | 0 | 0 | 6 |
| May | 50 | 200 | 0 | 0 | 5 |
| June | 100 | 200 | 0 | 0 | 10 |
| July | 100 | 200 | 0 | 0 | 15 |
| August | 100 | 200 | 0 | 0 | 15 |
| September | 74 | 200 | 0 | 0 | 10 |
| October | 60 | 200 | 0 | 0 | 4 |
| November | 40 | 200 | 0 | 0 | 3 |
| December | 35 | 200 | 0 | 0 | 3 |
| ***TOTAL*** | 720 | | 0 | | |

Submitted Electronically