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: BOWEN
Well Number: 9 A

API No.: 15-001-23527-00-01
Permit No: E09952.7
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - SE Sec. 35 Twp. 24 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2210 feet from ☐ N / ☑ S Line of Section
2170 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: 700 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 80 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	350	500			31
February	300	500			28
March	350	500			31
April	320	500			30
May	350	500			31
June	320	500			30
July	350	500			31
August	350	500			31
September	300	500			30
October	350	500			31
November	300	500			30
December	350	500			31
TOTAL	3990		0		

Submitted Electronically