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: MILLER A
Well Number: 12

API No.: 15-001-26898-00-00
Permit No: E23344.3
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 35 Twp. 25 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
1167 feet from ☐ N / ☑ S Line of Section
4580 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: 300 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 30 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	400	250			31
February	390	250			28
March	420	250			31
April	400	250			30
May	450	250			31
June	420	250			30
July	450	250			31
August	450	250			31
September	420	250			30
October	430	250			31
November	420	250			30
December	430	250			31
TOTAL	5080		0		

Submitted Electronically