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 2

API No.: 15-001-28142-00-01
Permit No: E06814.3
Reporting Year: 2020
(January 1 to December 31)

____ - S2 - SE - NW Sec. 15 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3120 feet from ☐ N / ☑ S Line of Section
3220 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: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	600	450	0	0	31
February	555	450	0	0	29
March	605	450	0	0	31
April	600	450	0	0	30
May	600	450	0	0	31
June	550	450	0	0	30
July	560	450	0	0	31
August	600	450	0	0	31
September	600	450	0	0	30
October	600	450	0	0	31
November	600	450	0	0	30
December	615	450	0	0	31
TOTAL	7085		0		

Submitted Electronically