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: POYSER TRUST
Well Number: P9 SWD

API No.: 15-107-25111-00-00
Permit No: D32260.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NE Sec. 11 Twp. 22 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
1540 feet from ☑ N / ☐ S Line of Section
2590 feet from ☑ E / ☐ W Line of Section
County: Linn

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: Arbuckle
Maximum Authorized Injection Rate: 500 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	625	0	0	0	31
February	600	0	0	0	29
March	625	0	0	0	31
April	660	0	0	0	30
May	600	0	0	0	31
June	610	0	0	0	30
July	600	0	0	0	31
August	700	0	0	0	31
September	700	0	0	0	30
October	700	0	0	0	31
November	750	0	0	0	30
December	770	0	0	0	31
TOTAL	7940		0		

Submitted Electronically