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 # 35481
Name: McMillan, L.L.C.
Address 1: 114 N. 8th Street
Address 2:
City: Council Grove State: KS Zip: 66846 + __ __ __ __
Contact Person: Sondra Nordell
Phone: (620) 870-4814
Lease Name: GARDNER
Well Number: 15

API No.: 15-019-19924-00-01
Permit No: E32912.1
Reporting Year: 2021
(January 1 to December 31)

SE - NW - NE - SE Sec. 26 Twp. 33 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2106 feet from ☐ N / ☑ S Line of Section
747 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: WAYSIDE SAND
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	620	200	0	0	31
February	160	200	0	0	8
March	620	200	0	0	31
April	600	200	0	0	30
May	620	200	0	0	31
June	600	200	0	0	30
July	620	200	0	0	31
August	620	200	0	0	31
September	600	200	0	0	30
October	620	200	0	0	31
November	600	200	0	0	30
December	620	200	0	0	31
TOTAL	6900		0		

Submitted Electronically