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 # 6084
Name: McMullin, Douglas
Address 1: 4397 HIGHWAY K 68
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8541
Contact Person: Doug McMullin
Phone: (785) 248-6768
Lease Name: MILLER
Well Number: 3

API No.: 15-121-20584-00-01
Permit No: E19480.1
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NW Sec. 35 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4424 feet from ☐ N / ☑ S Line of Section
4607 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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	28	200	0	0	3
February	35	200	0	0	2
March	48	200	0	0	2
April	55	200	0	0	6
May	50	200	0	0	5
June	100	200	0	0	10
July	100	200	0	0	15
August	100	200	0	0	15
September	74	200	0	0	10
October	60	200	0	0	4
November	40	200	0	0	3
December	35	200	0	0	3
TOTAL	725		0		

Submitted Electronically