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 # 35477
Name: Jeff McQuade Oil, LLC
Address 1: 445 E. WICHITA AVE.
Address 2: PO BOX 622
City: RUSSELL State: KS Zip: 67665 + 0622
Contact Person: Jeff McQuade
Phone: ( 785 ) 483-9424
Lease Name: KARST
Well Number: 2

API No.: 15-167-21126-00-01
Permit No: D22158.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - SW - SW Sec. 21 Twp. 15 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
410 feet from ☐ N / ☑ S Line of Section
5050 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 0 psi Injection Zone: REAGAN
Maximum Authorized Injection Rate: 1000 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 | 18445 | 0 | | | 31 |
| February | 16660 | 0 | | | 28 |
| March | 18445 | 0 | | | 31 |
| April | 17850 | 0 | | | 30 |
| May | 18445 | 0 | | | 31 |
| June | 17850 | 0 | | | 30 |
| July | 18445 | 0 | | | 31 |
| August | 18445 | 0 | | | 31 |
| September | 17850 | 0 | | | 30 |
| October | 18445 | 0 | | | 31 |
| November | 17850 | 0 | | | 30 |
| December | 18445 | 0 | | | 31 |
| ***TOTAL*** | 217175 | | 0 | | |

Submitted Electronically