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 # 35674
Name: NuMac LLC
Address 1: 6064 CR 4900
Address 2:
City: CHERRYVALE State: KS Zip: 67335 + 8868
Contact Person: Mac McPherson
Phone: (620) 505-0301
Lease Name: MCPHERSON
Well Number: SWD 1

API No.: 15-125-30068-00-00
Permit No: D27979.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NW - SW Sec. 13 Twp. 31 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2038 feet from ☐ N / ☑ S Line of Section
4359 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: ARBUCKLE
Maximum Authorized Injection Rate: 1600 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	0				
February	80				1
March	0				
April	160				2
May	0				
June	230				2
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	470		0		

Submitted Electronically