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 # 32218
Name: TDR Construction, Inc.
Address 1: 4453 Shawnee Road
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Contact Person: Lance Town
Phone: (913) 710-5400
Lease Name: MCCOY
Well Number: 5W

API No.: 15-059-27224-00-00
Permit No: E31984.12
Reporting Year: 2022
(January 1 to December 31)

____ - NW - SE - NE Sec. 32 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3385 feet from ☐ N / ☑ S Line of Section
735 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 100 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	300	500	0	0	31
February	270	500	0	0	28
March	300	500	0	0	31
April	290	450	0	0	30
May	300	500	0	0	31
June	290	500	0	0	30
July	300	550	0	0	31
August	300	500	0	0	31
September	280	450	0	0	30
October	300	450	0	0	31
November	290	450	0	0	30
December	300	450	0	0	31
TOTAL	3520		0		

Submitted Electronically