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 # 8866
Name: McFadden, Jack W. dba McFadden Oil Co.
Address 1: PO BOX 394
Address 2:
City: IOLA State: KS Zip: 66749 + 0394
Contact Person: JACK
Phone: ( 620 ) 496-7946
Lease Name: APT
Well Number: 109

API No.: 15-001-02784-00-00
Permit No: E14856.10
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - SE - NW Sec. 34 Twp. 24 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
3360 feet from ☐ N / ☑ S Line of Section
2702 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 150 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 | 620 | 650 | | | 31 |
| February | 590 | 650 | | | 28 |
| March | 620 | 650 | | | 31 |
| April | 600 | 650 | | | 30 |
| May | 620 | 650 | | | 31 |
| June | 600 | 650 | | | 30 |
| July | 620 | 650 | | | 31 |
| August | 620 | 650 | | | 31 |
| September | 600 | 650 | | | 30 |
| October | 620 | 650 | | | 31 |
| November | 600 | 650 | | | 30 |
| December | 620 | 650 | | | 31 |
| ***TOTAL*** | 7330 | | 0 | | |

Submitted Electronically