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: MEALEY
Well Number: W 2

API No.: 15-001-03172-00-01
Permit No: D08454.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SW - SW Sec. 2 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
807 feet from ☐ N / ☑ S Line of Section
5226 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: 450 psi Injection Zone: DOUGLAS
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	0	0			31
February	0	0			28
March	0	0			31
April	0	0			30
May	0	0			31
June	0	0			30
July	0	0			31
August	0	0			31
September	0	0			30
October	0	0			31
November	0	0			30
December	0	0			31
TOTAL	0		0		

Submitted Electronically