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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 9342 E CENTRAL
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: Chuck Neuschafer
Phone: (316) 636-2737
Lease Name: MELLIES - SWDW
Well Number: 1-19

API No.: 15-135-23810-00-01
Permit No: D27697.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SW - NE Sec. 19 Twp. 19 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
3258 feet from ☐ N / ☑ S Line of Section
1981 feet from ☑ E / ☐ W Line of Section
County: Ness

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: Cedar Hills
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1240	0	0	0	31
February	2945	0	0	0	29
March	0	0	0	0	31
April	4340	0	0	0	30
May	1705	0	0	0	31
June	4030	0	0	0	30
July	1550	0	0	0	31
August	4030	0	0	0	31
September	4030	0	0	0	30
October	4185	0	0	0	31
November	4650	0	0	0	30
December	4805	0	0	0	31
TOTAL	37510		0		

Submitted Electronically