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: CASSILL "A" SWDW -(LANDMARK OIL EXPLO)
Well Number: 1-31

API No.: 15-081-20859-00-02
Permit No: D27359.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - NW - NE Sec. 31 Twp. 30 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
4320 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: 1000 psi Injection Zone: Msl
Maximum Authorized Injection Rate: 2000 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	39885	0	0	0	31
February	35773	0	0	0	29
March	42382	0	0	0	31
April	41880	0	0	0	30
May	42703	0	0	0	31
June	41008	0	0	0	30
July	42017	0	0	0	31
August	36704	0	0	0	31
September	35407	0	0	0	30
October	36463	0	0	0	31
November	34332	0	0	0	30
December	36704	0	0	0	31
TOTAL	465258		0		

Submitted Electronically