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 # 31203
Name: McQuade, Owen dba Owen's Pumping Service
Address 1: 640 E SUNSET AVE
Address 2:
City: RUSSELL State: KS Zip: 67665 + 3128
Contact Person: Owen McQuade
Phone: (785) 483-6321
Lease Name: AMY
Well Number: 1

API No.: 15-167-23600-00-01
Permit No: D30621.0
Reporting Year: 2024
(January 1 to December 31)

NE - NE - SW - SW Sec. 13 Twp. 15 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1267 feet from ☐ N / ☑ S Line of Section
4100 feet from ☑ E / ☐ W Line of Section
County: Russell

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: ARBUCKLE,GORHAM
Maximum Authorized Injection Rate: 1000 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	650				31
February	590				29
March	650				31
April	600				30
May	650				31
June	600				30
July	650				31
August	650				31
September	600				30
October	650				31
November	600				30
December	650				31
TOTAL	7540		0		

Submitted Electronically