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: MINCKLEY
Well Number: B W 4

API No.: 15-003-21161-00-01
Permit No: E26728.14
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NE - SW Sec. 3 Twp. 23 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1364 feet from ☐ N / ☑ S Line of Section
3484 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 700 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 70 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	600	650			31
February	590	650			28
March	600	650			31
April	600	650			30
May	610	650			31
June	600	650			30
July	610	650			31
August	610	650			31
September	600	650			30
October	610	650			31
November	600	650			30
December	610	650			31
TOTAL	7240		0		

Submitted Electronically