

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: MARTIN

Well Number: E-11

API No.: 15-003-24030-00-00

Permit No: E28525.1

Reporting Year: 2024
(January 1 to December 31)

NW - SE - SE - SE Sec. 30 Twp. 22 S. R. 19 ☒ E ☐ W
(a/a/a/a)

353 feet from ☐ N / ☒ S Line of Section

334 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: 600 psi Injection Zone: SQUIRREL SAND

Maximum Authorized Injection Rate: 40 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	<u>0</u>	<u>0</u>			<u>31</u>
	February	<u>0</u>	<u>0</u>			<u>28</u>
	March	<u>0</u>	<u>0</u>			<u>31</u>
	April	<u>0</u>	<u>0</u>			<u>30</u>
	May	<u>0</u>	<u>0</u>			<u>31</u>
	June	<u>0</u>	<u>0</u>			<u>30</u>
	July	<u>0</u>	<u>0</u>			<u>31</u>
	August	<u>0</u>	<u>0</u>			<u>31</u>
	September	<u>0</u>	<u>0</u>			<u>30</u>
	October	<u>0</u>	<u>0</u>			<u>31</u>
	November	<u>0</u>	<u>0</u>			<u>30</u>
	December	<u>0</u>	<u>0</u>			<u>31</u>
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically

Summary of Changes

Lease Name and Number: MARTIN E-11

New Doc ID: 1817780

Parent Doc ID: 1817688

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/03/2025	02/06/2025
Number of Days of Injection, April		30
Number of Days of Injection, August		31
Number of Days of Injection, December		31
Number of Days of Injection, February		28
Number of Days of Injection, July		31
Number of Days of Injection, June		30
Number of Days of Injection, May		31
Number of Days of Injection, November		30
Number of Days of Injection, October		31
Maximum Fluid Pressure, April		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, August		0
Maximum Fluid Pressure, December		0
Maximum Fluid Pressure, February		0
Maximum Fluid Pressure, January		0
Maximum Fluid Pressure, July		0
Maximum Fluid Pressure, June		0
Maximum Fluid Pressure, May		0
Maximum Fluid Pressure, November		0
Maximum Fluid Pressure, October		0
Maximum Fluid Pressure, September		0
Total BBL Injected in December		0
Total BBL Injected in February		0
Total BBL Injected in July		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in June		0
Total BBL Injected in March		0
Total BBL Injected in May		0
Total BBL Injected in November		0
Total BBL Injected in October		0
Total BBL Injected in September		0