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: MCGHEE
Well Number: W-32

API No.: 15-003-22963-00-00
Permit No: E19041.34
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SW - SE Sec. 10 Twp. 23 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
879 feet from ☐ N / ☑ S Line of Section
1369 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	650	700			31
February	600	700			28
March	650	700			31
April	610	700			30
May	650	700			31
June	610	700			30
July	650	700			31
August	650	700			31
September	610	700			30
October	650	700			31
November	600	700			30
December	640	700			31
TOTAL	7570		0		

Submitted Electronically