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 # 3630
Name: McCorgary, Martin dba McCorgary Operations
Address 1: 1180 322ND RD
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 5452
Contact Person: Kelly Bergkamp
Phone: (620) 442-4437
Lease Name: BOYLAN HARRIS
Well Number: 3

API No.: 15-035-21988-00-02
Permit No: D24539.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - W2 - NE Sec. 18 Twp. 35 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3811 feet from ☐ N / ☑ S Line of Section
1963 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: Layton
Maximum Authorized Injection Rate: 600 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	4960				31
February	4640				29
March	4960				31
April	4800				30
May	4960				31
June	4800				30
July	4960				31
August	4960				31
September	4800				30
October	4960				31
November	4800				30
December	4960				31
TOTAL	58560		0		

Submitted Electronically