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 # 35477
Name: Jeff McQuade Oil, LLC
Address 1: 445 E. WICHITA AVE.
Address 2: PO BOX 622
City: RUSSELL State: KS Zip: 67665 + 0622
Contact Person: Jeff McQuade
Phone: (785) 483-9424
Lease Name: KARST
Well Number: 2

API No.: 15-167-21126-00-01
Permit No: D22158.0
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - SW Sec. 21 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
410 feet from ☐ N / ☑ S Line of Section
5050 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: REAGAN
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	18445				31
February	17255				28
March	18445				31
April	17850				30
May	18445				31
June	17850				30
July	18445				31
August	18445				31
September	17850				30
October	18445				31
November	17850				30
December	18445				31
TOTAL	217770		0		

Submitted Electronically