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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 9342 E CENTRAL
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: Brent Reinhardt
Phone: (316) 636-2737
Lease Name: LEITH - SWDW
Well Number: 1-30

API No.: 15-047-21451-00-01
Permit No: D27904.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NE - SW Sec. 30 Twp. 26 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1860 feet from ☐ N / ☑ S Line of Section
3281 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: Arb
Maximum Authorized Injection Rate: 1000 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	6311	0	0	0	31
February	6057	0	0	0	28
March	6816	0	0	0	31
April	6863	0	0	0	30
May	7042	0	0	0	31
June	6180	0	0	0	30
July	6541	0	0	0	31
August	6766	0	0	0	31
September	6570	0	0	0	30
October	5941	0	0	0	31
November	5670	0	0	0	30
December	6766	0	0	0	31
TOTAL	77523		0		

Submitted Electronically