

Hearing Request

Jack McFadden 8866

08/04/2015

16-CONS-056-CPEN

I wish to appeal the decision , handed down in this case.

I've enclosed a corrected U3C .

In talking with Mr. Myers (08/04/2015) Explaining
the situation, of my gal that does these U3C reports.

I stated that she was unaware that this well was under it's
own permit , and therefore is on its own pump. Not on
on the enhanced recovery pump that does the injection for
all the injection wells.

J10 is a disposal well , which is on vacuum and rarely register
any pressure , it might get up to 55psi.

I've enclosed a corrected U3C showing the corrected data along
with the proper permit number.

That being said I would hope after you look at the facts you
would reconsider the penalty assessment.

Thank you

Jack McFadden

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
July 2014
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 Oil Co.
Address 1: Box 394
Address 2: _____
City: Iola State: Ks Zip: 66749 + _____
Contact Person: Jack McFadden
Phone: (620) 496-7946
Lease Name: Winslow
Well Number: J 10

Permit Number: (E) (D) - D 21390
API No.: 15- 001200400001
Reporting Period: 01/01/14 to 12/31/14
January 1, 20 14 to December 31, 20 14
NE 1/4 - _____ Sec. 34 Twp. 24 S. R. 20 ☒ E ☐ W
(AAA) 4230 feet from ☐ N / ☒ S Line of Section
1790 feet from ☒ E / ☐ W Line of Section
Legal Description of Lease or Unit: NE 1/4
County: Allen

If new operator, list previous operator: _____

I. Injection Fluid:

Type: ☐ 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)

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II. Well Data:

Type Completion: ☐ Tubing & packer, packer setting depth: _____ feet; ☒ Packerless (tubing, but no packer); ☐ Tubingless
Maximum Authorized Injection Pressure: 125 psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by This Permit: _____ (Include TA's)

III.	Month	Total Volume Injected		# Days of Injection	Maximum Injection Pressure	Average Pressure Tubing/Casing Annulus
		BBL	MCF			
	January	<u>25</u>		<u>5</u>	<u>55</u>	
	February	<u>25</u>		<u>5</u>	<u>55</u>	
	March	<u>25</u>		<u>5</u>	<u>55</u>	
	April	<u>25</u>		<u>5</u>	<u>55</u>	
	May	<u>25</u>		<u>5</u>	<u>55</u>	
	June	<u>25</u>		<u>5</u>	<u>55</u>	
	July	<u>25</u>		<u>5</u>	<u>55</u>	
	August	<u>25</u>		<u>5</u>	<u>55</u>	
	September	<u>25</u>		<u>5</u>	<u>55</u>	
	October	<u>25</u>		<u>5</u>	<u>55</u>	
	November	<u>25</u>		<u>5</u>	<u>55</u>	
	December	<u>25</u>		<u>5</u>	<u>55</u>	
	TOTAL	<u>300</u>	<u>0</u>			