1303040

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 # 31240
Name: Enterprise Inc
Address 1: 2708 BARCLAY DR
Address 2:
City: HAYS State: KS Zip: 67601 + 2125
Contact Person: Steve Weilert
Phone: (785) 650-1952
Lease Name: GABEL A
Well Number: 2

API No.: 15-051-20889-00-01
Permit No: D18727.0
Reporting Year: 2015
(January 1 to December 31)

W2 - SW - SE - NE Sec. 5 Twp. 14 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
2884 feet from ☐ N / ☑ S Line of Section
1312 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 40 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 2000 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	10181	0	0		31
February	7830	0	0		28
March	10181	0	0		31
April	9570	0	0		30
May	10181	0	0		31
June	9570	0	0		30
July	10181	0	0		31
August	10181	0	0		31
September	9570	0	0		30
October	10181	0	0		31
November	9570	0	0		30
December	10181	0	0		31
TOTAL	117377		0		

Submitted Electronically