



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 # 9386
Name: Gus Jones Cable Tool Service, LLC
Address 1: 149 Rd 25
Address 2: _____
City: ELK CITY State: KS Zip: 67344 + _____
Contact Person: Gus Jones
Phone: (620) 332-7637
Lease Name: MARAMONT
Well Number: 0 138

API No.: 15-049-20300-00-01
Permit No: E21706.2
Reporting Year: 2016
(January 1 to December 31)
____ - NE - SE - NW Sec. 34 Twp. 31 S. R. 12 ☒ E ☐ W
(a/a/a/a)
3656 feet from ☐ N / ☒ S Line of Section
3293 feet from ☒ E / ☐ W Line of Section
County: Elk

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: 500 psi Injection Zone: LAYTON
Maximum Authorized Injection Rate: 200 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	<u>00</u>		<u>00</u>		
	February	<u>00</u>		<u>00</u>		
	March	<u>00</u>		<u>00</u>		
	April	<u>00</u>		<u>00</u>		
	May	<u>00</u>		<u>00</u>		
	June	<u>00</u>		<u>00</u>		
	July	<u>00</u>		<u>00</u>		
	August	<u>00</u>		<u>00</u>		
	September	<u>00</u>		<u>00</u>		
	October	<u>00</u>		<u>00</u>		
	November	<u>00</u>		<u>00</u>		
	December	<u>00</u>		<u>00</u>		
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically