



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1332913

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 # 32353
Name: Gateway Resources U.S.A., Inc.
Address 1: 1821 ARBOR DR
Address 2: _____
City: BARTLESVILLE State: OK Zip: 74006 + 7004
Contact Person: MARTIN CUMINGS
Phone: (918) 333-2115
Lease Name: WHITE
Well Number: G 6

API No.: 15-125-01318-00-00
Permit No.: D26346.0
Reporting Year: 2016
(January 1 to December 31)
____ - NW - NW - SW Sec. 28 Twp. 33 S. R. 16 ☒ E ☐ W
(a/a/a/a)
2413 feet from ☐ N / ☒ S Line of Section
4903 feet from ☒ E / ☐ W Line of Section
County: Montgomery

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: 200 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 500 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>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>400</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>387</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>400</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>387</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>400</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>1974</u>		<u>0</u>		

Submitted Electronically