1333127

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 # 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: KNISLEY SWD
Well Number: 32-7

API No.: 15-125-31709-00-00
Permit No: D30370.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - NW - SW Sec. 32 Twp. 32 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1456 feet from ☐ N / ☑ S Line of Section
414 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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 10500 | 150 | 0 | | 31 |
| September | 10161 | 150 | 0 | | 30 |
| October | 10500 | 150 | 0 | | 31 |
| November | 10161 | 150 | 0 | | 30 |
| December | 10500 | 150 | 0 | | 31 |
| ***TOTAL*** | 51822 | | 0 | | |

Submitted Electronically