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: A. BLAINE HANKS
Phone: (918) 333-2115
Lease Name: SCOVEL
Well Number: 1

API No.: 15-125-23974-00-01
Permit No: E21469.2
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - NE Sec. 8 Twp. 35 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2966 feet from ☐ N / ☑ S Line of Section
2520 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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	7200	200	0		30
May	7440	200	0		31
June	6600	200	0		30
July	7750	200	0		31
August	0		0		
September	0		0		
October	6200	100	0		31
November	6000	100	0		30
December	12400	100	0		31
TOTAL	53590		0		

Submitted Electronically