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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2:
City: DENVER State: CO Zip: 80202 + __ __ __ __
Contact Person: STEPHANIE DECKER
Phone: ( 303 ) 831-4673
Lease Name: MATTHAEI TRUST
Well Number: 2-19

API No.: 15-159-22526-00-00
Permit No: D28897.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - E2 - SW - SW Sec. 19 Twp. 18 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
551 feet from ☐ N / ☑ S Line of Section
4345 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 33666 | 0 | 0 | | 31 |
| February | 30458 | 0 | 0 | | 28 |
| March | 34632 | 0 | 0 | | 31 |
| April | 35189 | 0 | 0 | | 30 |
| May | 36265 | 0 | 0 | | 31 |
| June | 35072 | 0 | 0 | | 30 |
| July | 35765 | 0 | 0 | | 31 |
| August | 35809 | 0 | 0 | | 31 |
| September | 34714 | 0 | 0 | | 30 |
| October | 35701 | 0 | 0 | | 31 |
| November | 34676 | 0 | 0 | | 30 |
| December | 32438 | 0 | 0 | | 31 |
| ***TOTAL*** | 414385 | | 0 | | |

Submitted Electronically