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 # 3004
Name: Gressel Oilfield Service, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + __ __ __ __
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225
Lease Name: COWSKIN CREEK
Well Number: 1

API No.: 15-191-21595-00-00
Permit No: D22374.0
Reporting Year: 2017
(January 1 to December 31)

____ - S2 - SW - NW Sec. 2 Twp. 30 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2897 feet from ☐ N / ☑ S Line of Section
4918 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	2418	0	0		31
February	2184	0	0		28
March	2418	0	0		31
April	2340	0	0		30
May	2418	0	0		31
June	2340	0	0		30
July	2418	0	0		31
August	2418	0	0		31
September	2340	0	0		30
October	2418	0	0		31
November	2340	0	0		30
December	2418	0	0		31
TOTAL	28470		0		

Submitted Electronically