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 # 31327
Name: Pauley, Gary dba Pauley Oil
Address 1: 314 5TH ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + __ __ __ __
Contact Person: Gary Pauley
Phone: (785) 252-8024
Lease Name: KATRINA
Well Number: 2

API No.: 15-053-21286-00-00
Permit No: D31659.0
Reporting Year: 2017
(January 1 to December 31)

NW - NW - SE - SW Sec. 15 Twp. 16 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
1300 feet from ☐ N / ☑ S Line of Section
1610 feet from ☐ E / ☑ W Line of Section
County: Ellsworth

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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	45300	0	0		31
February	38900	0	0		28
March	42000	0	0		31
April	40000	0	0		30
May	43500	0	0		31
June	41200	0	0		30
July	43000	0	0		31
August	45600	0	0		31
September	42000	0	0		30
October	47000	0	0		31
November	43000	0	0		30
December	45200	0	0		31
TOTAL	516700		0		

Submitted Electronically