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 # 6682
Name: Wrestler, Ronald D., a General Partnership
Address 1: 2961 FLORIDA
Address 2:
City: ELSMORE State: KS Zip: 66732 + __ __ __ __
Contact Person: Ron Wrestler
Phone: (620) 754-3548
Lease Name: MYNATT
Well Number: S 11

API No.: 15-001-24871-00-01
Permit No: E23867.2
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NW Sec. 13 Twp. 26 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3820 feet from ☐ N / ☑ S Line of Section
4125 feet from ☑ E / ☐ W Line of Section
County: Allen

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	620	500	0		31
February	560	500	0		28
March	620	500	0		31
April	600	500	0		30
May	620	500	0		31
June	600	500	0		30
July	620	500	0		31
August	620	500	0		31
September	600	500	0		30
October	620	500	0		31
November	600	500	0		30
December	620	500	0		31
TOTAL	7300		0		

Submitted Electronically