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: SOEKEN
Well Number: 2

API No.: 15-009-23866-00-00
Permit No: D23896.0
Reporting Year: 2018
(January 1 to December 31)

____ - S2 - NW - NE Sec. 21 Twp. 17 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4557 feet from ☐ N / ☑ S Line of Section
2023 feet from ☑ E / ☐ W Line of Section
County: Barton

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	36500	0	0		31
February	33000	0	0		28
March	35900	0	0		31
April	35000	0	0		30
May	36000	0	0		31
June	35400	0	0		30
July	36200	0	0		31
August	36200	0	0		31
September	35600	0	0		30
October	36400	0	0		31
November	35100	0	0		30
December	36400	0	0		31
TOTAL	427700		0		

Submitted Electronically