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 # 30729
Name: Gabel, Craig
Address 1: 150 E. 44TH ST. S.
Address 2:
City: WICHITA State: KS Zip: 67216 + 1712
Contact Person: Craig Gabel
Phone: (316) 806-3300
Lease Name: BROOKINGS
Well Number: A 2

API No.: 15-173-03067-00-02
Permit No: E04626.1
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - SW Sec. 16 Twp. 28 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2308 feet from ☐ N / ☑ S Line of Section
2971 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 2000 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 1500 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	9300	0	0	0	31
February	8400	0	0	0	28
March	9300	0	0	0	31
April	9000	0	0	0	30
May	9300	0	0	0	31
June	9000	0	0	0	30
July	9300	0	0	0	31
August	9300	0	0	0	31
September	9000	0	0	0	30
October	9300	0	0	0	31
November	9000	0	0	0	30
December	9300	0	0	0	31
TOTAL	109500		0		

Submitted Electronically