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: P.O. Box 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225
Lease Name: ROTH F
Well Number: 2

API No.: 15-165-21024-00-00
Permit No: D21544.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SE Sec. 21 Twp. 16 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
993 feet from ☐ N / ☑ S Line of Section
2347 feet from ☑ E / ☐ W Line of Section
County: Rush

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,GRANIT WASH
Maximum Authorized Injection Rate: 500 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	4960	0	0		31
February	4480	0	0		28
March	4960	0	0		31
April	4800	0	0		30
May	4960	0	0		31
June	4800	0	0		30
July	4960	0	0		31
August	4960	0	0		31
September	4800	0	0		30
October	4960	0	0		31
November	4800	0	0		30
December	4960	0	0		31
TOTAL	58400		0		

Submitted Electronically