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: DIAZ
Well Number: 1

API No.: 15-155-21208-00-01
Permit No: E26957.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SW Sec. 25 Twp. 22 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
739 feet from ☐ N / ☑ S Line of Section
4784 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1240	0	0		31
February	1120	0	0		28
March	1240	0	0		31
April	1200	0	0		30
May	1240	0	0		31
June	1200	0	0		30
July	1240	0	0		31
August	1240	0	0		31
September	1200	0	0		30
October	1240	0	0		31
November	1200	0	0		30
December	1240	0	0		31
TOTAL	14600		0		

Submitted Electronically