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 # 32657
Name: Gateway Resources, LLC
Address 1: 224 S. CRESTWAY
Address 2:
City: WICHITA State: KS Zip: 67218 + 1312
Contact Person: Gary F. Gensch
Phone: ( 316 ) 684-0199
Lease Name: PENNER
Well Number: 1

API No.: 15-015-22627-00-00
Permit No: D23904.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SW - NW Sec. 5 Twp. 25 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
2998 feet from ☐ N / ☑ S Line of Section
4346 feet from ☑ E / ☐ W Line of Section
County: Butler

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 11261 mg/l Specific Gravity: ____ Additives: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: MISSISSIPPIAN
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 | 2340 | 0 | 0 | 0 | 31 |
| February | 2184 | 0 | 0 | 0 | 28 |
| March | 2418 | 0 | 0 | 0 | 31 |
| April | 2340 | 0 | 0 | 0 | 30 |
| May | 2418 | 0 | 0 | 0 | 31 |
| June | 2340 | 0 | 0 | 0 | 30 |
| July | 2418 | 0 | 0 | 0 | 31 |
| August | 2418 | 0 | 0 | 0 | 31 |
| September | 1950 | 0 | 0 | 0 | 2 |
| October | 1170 | 0 | 0 | 0 | 1 |
| November | 2340 | 0 | 0 | 0 | 30 |
| December | 2418 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 26754 | | 0 | | |

Submitted Electronically