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 + 8901
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: 2019
(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	34500				31
February	30400				28
March	34000				31
April	32700				30
May	34600				31
June	33000				30
July	34500				31
August	34200				31
September	33400				30
October	34700				31
November	32600				30
December	34000				31
TOTAL	402600		0		

Submitted Electronically