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: RINKER SWDW
Well Number: 1

API No.: 15-173-01036-00-01
Permit No: D27383.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SE - SE Sec. 32 Twp. 29 S. R. 1 ☑ E ☐ W
*(Q/Q/Q/Q)*
306 feet from ☐ N / ☑ S Line of Section
345 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: 0 psi Injection Zone: ARBUCKLE
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 | 7200 | 0 | 0 | 0 | 31 |
| February | 6300 | 0 | 0 | 0 | 28 |
| March | 7200 | 0 | 0 | 0 | 31 |
| April | 6750 | 0 | 0 | 0 | 30 |
| May | 13950 | 0 | 0 | 0 | 31 |
| June | 13500 | 0 | 0 | 0 | 30 |
| July | 13950 | 0 | 0 | 0 | 31 |
| August | 13950 | 0 | 0 | 0 | 31 |
| September | 13500 | 0 | 0 | 0 | 30 |
| October | 13950 | 0 | 0 | 0 | 31 |
| November | 13500 | 0 | 0 | 0 | 30 |
| December | 13950 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 137700 | | 0 | | |

Submitted Electronically