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 # 6682
Name: Wrestler, Ronald D., a General Partnership
Address 1: 2961 FLORIDA RD
Address 2:
City: ELSMORE State: KS Zip: 66732 + 4048
Contact Person: Ron Wrestler
Phone: (620) 754-3548
Lease Name: MYNATT
Well Number: S 4

API No.: 15-001-24087-00-01
Permit No: E23867.1
Reporting Year: 2020
(January 1 to December 31)

NE - SE - SW - NW Sec. 13 Twp. 26 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3160 feet from ☐ N / ☑ S Line of Section
4125 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	620	500			31
February	560	500			28
March	620	500			31
April	600	500			30
May	620	500			31
June	600	500			30
July	620	500			31
August	620	500			31
September	600	500			30
October	620	500			31
November	600	500			30
December	620	500			31
TOTAL	7300		0		

Submitted Electronically