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 # 7160
Name: Wrestler, David L., a General Partnership
Address 1: 1776 GEORGIA RD
Address 2:
City: HUMBOLDT State: Kansas Zip: 66748 + 1500
Contact Person: David L Wrestler
Phone: (620) 423-8795
Lease Name: LOREN KORTE
Well Number: 6

API No.: 15-001-28508-00-01
Permit No: E30159.1
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - E2 - NW Sec. 1 Twp. 26 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3960 feet from ☐ N / ☑ S Line of Section
2970 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: 400 psi Injection Zone: CATTLEMAN 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	310	250			31
February	290	250			29
March	310	250			31
April	300	250			30
May	310	250			31
June	300	250			30
July	310	250			31
August	310	250			31
September	300	250			30
October	310	250			31
November	300	250			30
December	310	250			31
TOTAL	3660		0		

Submitted Electronically