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: S. ROLFS
Well Number: 1

API No.: 15-053-21258-00-01
Permit No: D31086.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - SW - SW Sec. 15 Twp. 17 S. R. 8 ☐ E ☑ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

**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: ____ psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: ____ 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 | 92000 | 0 | | | 31 |
| February | 88500 | 0 | | | 28 |
| March | 91200 | 0 | | | 31 |
| April | 89700 | 0 | | | 30 |
| May | 91300 | 0 | | | 31 |
| June | 89400 | 0 | | | 30 |
| July | 91600 | 0 | | | 31 |
| August | 91600 | 0 | | | 31 |
| September | 89500 | 0 | | | 30 |
| October | 92000 | 0 | | | 31 |
| November | 89600 | 0 | | | 30 |
| December | 91700 | 0 | | | 31 |
| ***TOTAL*** | 1088100 | | 0 | | |

Submitted Electronically