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 # 32353
Name: Gateway Resources U.S.A., Inc.
Address 1: 1821 ARBOR DR
Address 2:
City: BARTLESVILLE State: OK Zip: 74006 + 7004
Contact Person: Tim Carroll
Phone: (918) 333-2115
Lease Name: GENTRY
Well Number: 1-SWD

API No.: 15-125-21119-00-01
Permit No: D26972.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SW - SW Sec. 12 Twp. 33 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
257 feet from ☐ N / ☑ S Line of Section
4553 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: MISSISSIPPI
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	950	90	0	0	31
February	950	90	0	0	28
March	950	90	0	0	31
April	950	90	0	0	30
May	950	90	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	4750		0		

Submitted Electronically