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: KOGER
Well Number: 25-10

API No.: 15-125-31710-00-01
Permit No: D32744.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 25 Twp. 34 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3808 feet from ☐ N / ☑ S Line of Section
5014 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: 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	630	0	0	0	31
February	630	0	0	0	28
March	630	0	0	0	31
April	630	0	0	0	30
May	630	0	0	0	31
June	630	0	0	0	30
July	630	0	0	0	31
August	630	0	0	0	31
September	630	0	0	0	30
October	630	0	0	0	31
November	630	0	0	0	30
December	630	0	0	0	31
TOTAL	7560		0		

Submitted Electronically