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: SELLS OWWO
Well Number: 1

API No.: 15-159-21199-00-01
Permit No: D22258.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - NE Sec. 31 Twp. 19 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 0 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 3000 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	62800				31
February	58500				28
March	61300				31
April	60200				30
May	63200				31
June	61900				30
July	63440				31
August	63400				31
September	61200				30
October	62800				31
November	60700				30
December	63550				31
TOTAL	742990		0		

Submitted Electronically