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 # 34789
Name: Gressel Production, LLC
Address 1: 980 S. OLIVER RD
Address 2:
City: SOUTH HAVEN State: KS Zip: 67140 + 9058
Contact Person: Brandon Gressel
Phone: (620) 326-0749
Lease Name: CLARY
Well Number: 2

API No.: 15-191-21669-00-01
Permit No: D23466.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NE - SE Sec. 14 Twp. 34 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
1640 feet from ☐ N / ☑ S Line of Section
817 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: ARBUCKLE
Maximum Authorized Injection Rate: 425 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	7285				31
February	6815				28
March	7285				31
April	7050				30
May	7285				31
June	7050				30
July	7285				31
August	7285				31
September	4700				20
October	7285				31
November	7050				30
December	7285				31
TOTAL	83660		0		

Submitted Electronically