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 # 31085
Name: Paul's Oilfield Service
Address 1: PO BOX 1773
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1773
Contact Person: Tim Schreiber
Phone: (620) 234-6023
Lease Name: STARGEL
Well Number: 2

API No.: 15-185-21765-00-01
Permit No: D21908.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - NE Sec. 4 Twp. 22 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3028 feet from ☐ N / ☑ S Line of Section
2298 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 5000 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	9102	0	0		31
February	8223	0	0		28
March	8885	0	0		31
April	8222	0	0		30
May	9303	0	0		31
June	8798	0	0		30
July	8409	0	0		31
August	7480	0	0		31
September	4491	0	0		30
October	6091	0	0		31
November	5507	0	0		30
December	5303	0	0		31
TOTAL	89814		0		

Submitted Electronically