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 # 7160
Name: Wrestler, David L., a General Partnership
Address 1: 1776 GEORGIA RD
Address 2:
City: HUMBOLDT State: KS Zip: 66748 + 1500
Contact Person: David Wrestler
Phone: (620) 423-8795
Lease Name: BRINKMYER
Well Number: INJ.2

API No.: 15-001-31371-00-00
Permit No: E32176.3
Reporting Year: 2024
(January 1 to December 31)

N2 - N2 - S2 - SE (Q/Q/Q/Q) Sec. 35 Twp. 26 S. R. 18 ☑ E ☐ W
1300 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 450 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	682	350			31
February	638	350			29
March	682	350			31
April	660	350			30
May	682	350			31
June	660	350			30
July	682	350			31
August	682	350			31
September	660	350			30
October	682	350			31
November	660	350			30
December	682	350			31
TOTAL	8052		0		

Submitted Electronically