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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) 2528024
Lease Name: DOBRINSKI A
Well Number: 2

API No.: 15-053-20868-00-00
Permit No: D23521.0
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - SE Sec. 27 Twp. 17 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
390 feet from ☐ N / ☑ S Line of Section
2346 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 2500 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	2900				31
February	2100				28
March	2850				31
April	2750				30
May	2850				31
June	2760				30
July	2880				31
August	2850				31
September	2750				30
October	2800				31
November	2790				30
December	2850				31
TOTAL	33130		0		

Submitted Electronically