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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 # 6569
Name: Carmen Schmitt, Inc.
Address 1: PO BOX 47
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Matt Suchy
Phone: (620) 793-5100
Lease Name: ADAMS B
Well Number: 4W

API No.: 15-163-06988-00-01
Permit No: E03504.2
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SE - NE Sec. 33 Twp. 8 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3914 feet from ☐ N / ☑ S Line of Section
30 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 750 psi Injection Zone: 2998-3277
Maximum Authorized Injection Rate: 1450 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	4996	350	0		31
February	4512	350	0		28
March	4996	350	0		31
April	4835	350	0		30
May	4996	350	0		31
June	4835	350	0		30
July	4996	350	0		31
August	4996	350	0		31
September	4835	350	0		30
October	4996	350	0		31
November	4835	350	0		30
December	4996	350	0		31
TOTAL	58824		0		

Submitted Electronically