1286282

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 # 6470
Name: Schankie Well Service, Inc.
Address 1: PO BOX 397
Address 2:
City: MADISON State: KS Zip: 66860 + __ __ __ __
Contact Person: CLIFF SCHANKIE
Phone: ( 620 ) 437-2595
Lease Name: MURPHY
Well Number: 15

API No.: 15-111-20026-00-00
Permit No: E05004.3
Reporting Year: 2015
*(January 1 to December 31)*

____ - ____ - NW - NE Sec. 32 Twp. 21 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
4620 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Lyon

**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: 40 Additives: SOAP
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 6200 | 550 | 0 | | 31 |
| February | 5600 | 550 | 0 | | 28 |
| March | 6200 | 550 | 0 | | 31 |
| April | 6000 | 550 | 0 | | 30 |
| May | 6200 | 550 | 0 | | 31 |
| June | 6000 | 550 | 0 | | 30 |
| July | 6200 | 550 | 0 | | 31 |
| August | 6200 | 550 | 0 | | 31 |
| September | 6000 | 550 | 0 | | 30 |
| October | 6200 | 550 | 0 | | 31 |
| November | 6000 | 550 | 0 | | 30 |
| December | 6200 | 550 | 0 | | 31 |
| ***TOTAL*** | 73000 | | 0 | | |

Submitted Electronically