1295425

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 # 9390
Name: Schreiber, Mary Ann Estate dba Schreiber Oil Co.
Address 1: 598 2ND AVE
Address 2:
City: CLAFLIN State: KS Zip: 67525 + __ __ __ __
Contact Person: Rick Schreiber
Phone: ( 620 ) 587-3224
Lease Name: NORTON
Well Number: 2

API No.: 15-009-03326-00-01
Permit No: D19887.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - SW - NW - SW Sec. 21 Twp. 16 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
1700 feet from ☐ N / ☑ S Line of Section
5082 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: 1000 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 | 2201 | 0 | 0 | | 31 |
| February | 1988 | 0 | 0 | | 28 |
| March | 2201 | 0 | 0 | | 31 |
| April | 2130 | 0 | 0 | | 30 |
| May | 2201 | 0 | 0 | | 31 |
| June | 2130 | 0 | 0 | | 30 |
| July | 1922 | 0 | 0 | | 31 |
| August | 1922 | 0 | 0 | | 31 |
| September | 1860 | 0 | 0 | | 30 |
| October | 1922 | 0 | 0 | | 31 |
| November | 1860 | 0 | 0 | | 30 |
| December | 1922 | 0 | 0 | | 31 |
| ***TOTAL*** | 24259 | | 0 | | |

Submitted Electronically