1295427

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: SELLENS C
Well Number: 2

API No.: 15-167-20207-00-02
Permit No: D26789.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - NE - SE - NE Sec. 36 Twp. 15 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
3689 feet from ☐ N / ☑ S Line of Section
388 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 3000 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 | 4152 | 0 | 0 | | 31 |
| February | 3876 | 0 | 0 | | 28 |
| March | 4152 | 0 | 0 | | 31 |
| April | 4060 | 0 | 0 | | 30 |
| May | 4152 | 0 | 0 | | 30 |
| June | 4060 | 0 | 0 | | 30 |
| July | 4152 | 0 | 0 | | 31 |
| August | 4152 | 0 | 0 | | 31 |
| September | 4060 | 0 | 0 | | 30 |
| October | 4152 | 0 | 0 | | 31 |
| November | 4060 | 0 | 0 | | 30 |
| December | 4152 | 0 | 0 | | 31 |
| ***TOTAL*** | 49180 | | 0 | | |

Submitted Electronically