1332991

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: CARVER
Well Number: 6

API No.: 15-073-24115-00-00
Permit No: D30722.0
Reporting Year: 2016
(January 1 to December 31)

NE - NW - SE - SW Sec. 22 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1175 feet from ☐ N / ☑ S Line of Section
3560 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: TONGANOXIE
Maximum Authorized Injection Rate: 500 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically