

**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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ E ☐ W
(a/a/a/a)
_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically



THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS
CONSERVATION DIVISION

CANCELLATION OF INJECTION AUTHORIZATION

Oper. License #: 6246

Permit #: D-19,124

Operator: Bennett & Schulte Oil Co, A General Partnership

Injection Well Name & No.: J I H Froelich B # 1

Address: PO Box 329

Location: 383'FSL 3056'FEL

City: Russell

Sec. 27 TWP 12S RGE 16W

State: KS

County: Ellis

Zip Code: 67665

Field Name: Emmeram Northeast

Project Acreage: W/2 of Section 27, Township 12 South, Range 16 West.

On August 8, 1977 the Commission/Conservation Division granted a permit for the injection of produced salt water or other fluids approved by the Conservation Division into the above referenced well or enhanced recovery project.

The Division has determined that the well authorized by the permit is plugged.

Based on the above information, the permit granting injection authority is hereby cancelled.

Date Cancelled: May 12, 2016

A handwritten signature in black ink, appearing to read "R. Shady", is written over a horizontal line.

Director, Underground Injection Control
Conservation Division

KANSAS CORPORATION COMMISSION



Conservation Division
266 N Main St, Ste 220
Wichita, Kansas 67202-1513
316-337-6200
Fax: 316-337-6211
FEIN: 48-1124839

INVOICE Customer Copy

BENNETT & SCHULTE OIL CO.
A GENERAL PARTNERSHIP
P. O. BOX 329
RUSSELL KS 67665

Invoice Date: May 06, 2016

Invoice Number: 2016060913

Fed ID:

Due Date: May 21, 2016



Order Number: 33935		Contact:		Order Date: May 06, 2016	
Item	Qty	Acct Code / Service Description	Details	Unit Price	Total
1	1	505 / Well Plugging <= 1077 feet	15-051-05478-00-01 J I H FROELICH B 1 27-12S-16W	\$35.00	35.00
KCC Contact: OLENICK, NEDRA A				Order Subtotal:	\$35.00

IMPORTANT!
Please Return One Copy of Invoice
with Your Payment
in Order to ensure Correct Credit to Your Account.

Order Total: \$35.00
Shipping Charges: 0.00
Invoice Total: \$35.00

OPERATOR: License #: 6246

Name: Bennett & Schulte Oil Co., A General Partnership

Address 1: PO BOX 329

Address 2: _____

City: RUSSELL State: KS Zip: 67665 + 0329

Contact Person: Joe Roth

Phone: (785) 483-2721

Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☒ SWD Permit #: D19124.0
☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

Is ACO-1 filed? ☒ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-051-05478-00-01

Spot Description: _____
SE SE SW Sec. 27 Twp. 12 S. R. 16 ☐ East ☒ West
383 Feet from ☐ North / ☒ South Line of Section
3056 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW

County: Ellis

Lease Name: J I H FROELICH B Well #: 1

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: 04/12/2016

Plugging Completed: 04/12/2016

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8.625	200	
		Production	5.5	3559	
		Liner	4.5	1005	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

1st tubing @ 750' 60 sxs cement and 200# hulls circulated to surface. 2nd 15sxs cement shut in at 400#. 3rd Annulus 5sks shut in at 300#

Plugging Contractor License #: 99977 Name: Quality Oil Well Cementing

Address 1: PO BOX 32 Address 2: _____

City: RUSSELL State: KS Zip: 67665 + 0032

Phone: (785) 483-2025

Name of Party Responsible for Plugging Fees: Bennett & Schulte Oil Company

State of _____ County, _____, ss. _____
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically