



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 # 9292
Name: Scheck, Timothy dba Scheck Oil Operation
Address 1: 211 S FRONT ST
Address 2: _____
City: RUSSELL State: KS Zip: 67665 + _____
Contact Person: Tim Scheck
Phone: (785) 483-4096
Lease Name: BATT (PHILLIPS OCH)
Well Number: 3

API No.: 15-167-07961-00-01
Permit No.: D05498.0
Reporting Year: 2016
(January 1 to December 31)
____ - NE - SE - NE Sec. 35 Twp. 15 S. R. 14 ☐ E ☒ W
(a/a/a/a)
3647 feet from ☐ N / ☒ S Line of Section
338 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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	February	<u>38686</u>	<u>30</u>	<u>0</u>		<u>29</u>
	March	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	April	<u>40020</u>	<u>30</u>	<u>0</u>		<u>30</u>
	May	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	June	<u>40020</u>	<u>30</u>	<u>0</u>		<u>30</u>
	July	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	August	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	September	<u>40020</u>	<u>30</u>	<u>0</u>		<u>30</u>
	October	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	November	<u>40020</u>	<u>30</u>	<u>0</u>		<u>30</u>
	December	<u>41354</u>	<u>30</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>488244</u>		<u>0</u>		

Submitted Electronically