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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 # 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: J R LANSING
Well Number: 10

API No.: 15-159-01946-00-02
Permit No: D03731.0
Reporting Year: 2016
(January 1 to December 31)

____ - NW - SE - SE Sec. 25 Twp. 18 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
1317 feet from ☐ N / ☑ S Line of Section
1088 feet from ☑ E / ☐ W Line of Section
County: Rice

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: BASAL SAND
Maximum Authorized Injection Rate: 7500 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	99355	30	0		31
February	92945	30	0		29
March	99355	30	0		31
April	96150	30	0		30
May	99355	30	0		31
June	96150	30	0		30
July	99355	30	0		31
August	99355	30	0		31
September	96150	30	0		30
October	96355	30	0		31
November	96150	30	0		30
December	96355	30	0		31
TOTAL	1167030		0		

Submitted Electronically