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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 # 33920
Name: Schankie & Sons, LLC
Address 1: 2604 370TH ST
Address 2:
City: MADISON State: KS Zip: 66860 + 8507
Contact Person: Philip Schankie
Phone: (620) 437-6187
Lease Name: ELLIS B
Well Number: 11

API No.: 15-073-23992-00-01
Permit No: E20991.4
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SW - SW Sec. 34 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
990 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: ____ Additives: ____

(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 750 psi Injection Zone: CATTLEMAN

Maximum Authorized Injection Rate: 750 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	50	600	0		10
October	100	600	0		31
November	100	600	0		30
December	100	600	0		31
TOTAL	350		0		

Submitted Electronically