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 # 6569
Name: Carmen Schmitt, Inc.
Address 1: PO BOX 47
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Matt Suchy
Phone: (620) 793-5100
Lease Name: SEUSER
Well Number: 6

API No.: 15-165-21468-00-00
Permit No: D25735.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - SW Sec. 19 Twp. 18 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
1476 feet from ☐ N / ☑ S Line of Section
3635 feet from ☑ E / ☐ W Line of Section
County: Rush

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: Arbuckle
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	11549	-10	0		31
February	10431	-10	0		28
March	11549	-10	0		31
April	11176	-10	0		30
May	11549	-10	0		31
June	11176	-10	0		30
July	11549	-10	0		31
August	11549	-10	0		31
September	11176	-10	0		30
October	11549	-10	0		31
November	11176	-10	0		30
December	11549	-10	0		31
TOTAL	135978		0		

Submitted Electronically