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 # 32490
Name: Schmidt, Terry D.
Address 1: 1624 NORTH GRIMES STREET
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 2530
Contact Person: Terry D. Schmidt
Phone: (620) 245-7383
Lease Name: SCHROEDER
Well Number: 2

API No.: 15-113-30125-00-01
Permit No: E13798.1
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SE Sec. 28 Twp. 21 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
300 feet from ☐ N / ☑ S Line of Section
2248 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: HUNTON
Maximum Authorized Injection Rate: 600 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	4656	0	0		31
February	4342	0	0		28
March	4698	0	0		31
April	4446	0	0		30
May	4691	0	0		31
June	4442	0	0		30
July	4668	0	0		31
August	4659	0	0		31
September	4489	0	0		30
October	4660	0	0		31
November	4453	0	0		30
December	4670	0	0		31
TOTAL	54874		0		

Submitted Electronically