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 # 6523
Name: Schmidt, Kermit and Tracy Schmidt
Address 1: 308 WESTLANE RD
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 9544
Contact Person: Tracy Schmidt
Phone: (620) 241-1255
Lease Name: STUCKY J
Well Number: 10-B

API No.: 15-113-21149-00-00
Permit No: D24125.0
Reporting Year: 2017
(January 1 to December 31)

SE - SE - NE - SE Sec. 9 Twp. 21 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
1446 feet from ☐ N / ☑ S Line of Section
287 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: ARBUCKLE
Maximum Authorized Injection Rate: 9000 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	277424	0	0		31
February	259889	0	0		28
March	277431	0	0		31
April	268510	0	0		30
May	277432	0	0		31
June	268505	0	0		30
July	277429	0	0		31
August	277435	0	0		31
September	268508	0	0		30
October	277430	0	0		31
November	268511	0	0		30
December	277429	0	0		31
TOTAL	3275933		0		

Submitted Electronically