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: KALE SCHANKIE
Phone: (620) 437-6247
Lease Name: BAHR
Well Number: 4

API No.: 15-207-02001-00-02
Permit No: E21018.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - SE Sec. 23 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1654 feet from ☐ N / ☑ S Line of Section
1809 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 950 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	3100	250	0		31
February	2800	250	0		28
March	3100	250	0		31
April	3000	250	0		30
May	3100	250	0		31
June	3000	250	0		30
July	3100	250	0		31
August	3100	250	0		31
September	3000	250	0		30
October	3100	250	0		31
November	3000	250	0		30
December	3100	250	0		31
TOTAL	36500		0		

Submitted Electronically