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 # 34661
Name: Pfeifer Explorations, LLC
Address 1: 309 W. 40TH
Address 2:
City: HAYS State: KS Zip: 67601 + 1519
Contact Person: Jacob Pfeifer
Phone: (785) 639-6013
Lease Name: SCHMIDT
Well Number: 2

API No.: 15-051-00560-00-03
Permit No: D32034.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - NW Sec. 34 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
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	7595	0	0		31
February	6860	0	0		28
March	7595	0	0		31
April	7350	0	0		30
May	7495	0	0		31
June	7350	0	0		30
July	7688	0	0		31
August	7780	0	0		31
September	7440	0	0		30
October	7720	0	0		31
November	7460	0	0		30
December	7690	0	0		31
TOTAL	90023		0		

Submitted Electronically