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 # 6470
Name: Schankie Well Service, Inc.
Address 1: PO BOX 397
Address 2:
City: MADISON State: KS Zip: 66860 + __ __ __ __
Contact Person: CLIFF SCHANKIE
Phone: (620) 437-2595
Lease Name: HUBER
Well Number: 5

API No.: 15-073-23240-00-01
Permit No: E23430.2
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - NE Sec. 27 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4707 feet from ☐ N / ☑ S Line of Section
1662 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 40 Additives: SOAP
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	15500	650	0		31
February	14000	650	0		28
March	15500	650	0		31
April	15000	650	0		30
May	15500	650	0		31
June	15000	650	0		30
July	15500	650	0		31
August	15500	650	0		31
September	15000	650	0		30
October	15500	650	0		31
November	15000	650	0		30
December	15500	650	0		31
TOTAL	182500		0		

Submitted Electronically