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 # 34083
Name: Beeman, Joseph V.
Address 1: 303 E. GREENWOOD
Address 2: PO BOX 129
City: HAMILTON State: KS Zip: 66853 + ___ ___ ___ ___
Contact Person: Joe Beeman
Phone: (407) 924-4167
Lease Name: SCHLOTTERBECK
Well Number: A-3

API No.: 15-073-23042-00-01
Permit No: E31970.1
Reporting Year: 2017
(January 1 to December 31)

___ - ___ - ___ - NW Sec. 10 Twp. 24 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
3538 feet from ☐ N / ☑ S Line of Section
4980 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: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 200 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically