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 # 5446
Name: Giles, Benjamin M.
Address 1: 346 S. LULU
Address 2:
City: WICHITA State: KS Zip: 67211 + __ __ __ __
Contact Person: Ben Giles
Phone: (316) 265-1992
Lease Name: SCHAUF
Well Number: 1

API No.: 15-015-20134-00-01
Permit No: E24700.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NW Sec. 35 Twp. 25 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Butler

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 800 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	5115	0	0		31
February	4620	0	0		28
March	5115	0	0		31
April	4950	0	0		30
May	5115	0	0		31
June	4950	0	0		30
July	5115	0	0		31
August	5115	0	0		31
September	4950	0	0		30
October	5115	0	0		31
November	4950	0	0		30
December	5115	0	0		31
TOTAL	60225		0		

Submitted Electronically