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 # 31826
Name: T & C Mfg. & Operating, Inc.
Address 1: 1020 HOOVER ST
Address 2: PO BOX 225
City: GREAT BEND State: KS Zip: 67530 + 3415
Contact Person: Patricia Scheck
Phone: (620) 793-5483
Lease Name: SCHEUFLER
Well Number: 2

API No.: 15-009-14788-00-01
Permit No: D02880.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SW - NE Sec. 32 Twp. 20 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3581 feet from ☐ N / ☑ S Line of Section
4401 feet from ☑ E / ☐ W Line of Section
County: Barton

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 19000 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 50 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 7500 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	20088	0	0	0	31
February	24864	0	0	0	28
March	27528	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	6480	0	0	0	30
July	0	0	0	0	31
August	27528	0	0	0	31
September	26640	0	0	0	30
October	20088	0	0	0	31
November	0	0	0	0	30
December	27528	0	0	0	31
TOTAL	180744		0		

Submitted Electronically