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 # 5172
Name: Schulz Oil & Gas, Inc.
Address 1: 114 S MAIN
Address 2: PO BOX 515
City: CANTON State: KS Zip: 67428 + 0515
Contact Person: Roger A Schulz
Phone: (620) 628-4431
Lease Name: SMYRES
Well Number: 3

API No.: 15-159-03336-00-01
Permit No: D23123.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - SW Sec. 36 Twp. 19 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
643 feet from ☐ N / ☑ S Line of Section
3746 feet from ☑ E / ☐ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 900 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	3875	-20	0	10	31
February	3625	-20	0	10	28
March	3875	-20	0	8	31
April	3750	-20	0	8	30
May	3875	-15	0	8	31
June	3750	-30	0	10	30
July	3875	-30	0	5	31
August	3875	-30	0	10	31
September	3750	-28	0	10	30
October	3875	-25	0	10	31
November	3750	-25	0	10	30
December	3875	-20	0	10	31
TOTAL	45750		0		

Submitted Electronically