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: ANDERSON B
Well Number: 2

API No.: 15-159-02033-00-02
Permit No: D23595.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - SW Sec. 25 Twp. 19 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
1018 feet from ☐ N / ☑ S Line of Section
4421 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: 2000 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	11005	-30	0	0	31
February	9940	-30	0	0	28
March	11005	-30	0	0	31
April	10650	-30	0	0	30
May	11005	-30	0	0	31
June	10650	-30	0	0	30
July	11005	-30	0	0	31
August	11005	-30	0	5	31
September	10650	-28	0	5	30
October	11005	-22	0	5	31
November	11005	-15	0	10	30
December	11005	-30	0	0	31
TOTAL	129930		0		

Submitted Electronically