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 # 35448
Name: Schippers Oilfield Services, LLC
Address 1: 1255 E. HWY 24
Address 2:
City: HOXIE State: KS Zip: 67740 + __ __ __ __
Contact Person: Scott Schippers
Phone: (785) 675-8974
Lease Name: IRENE SWD
Well Number: 1

API No.: 15-179-21209-00-01
Permit No: D31891.0
Reporting Year: 2018
(January 1 to December 31)

W2 - SW - SE - SE Sec. 24 Twp. 8 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
465 feet from ☐ N / ☑ S Line of Section
1007 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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				31
February	0				28
March	0				31
April	0				30
May	0				31
June	0				30
July	0				31
August	0				31
September	0				30
October	0				31
November	0				30
December	1000				31
TOTAL	1000		0		

Submitted Electronically