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 # 33913
Name: Winterscheid Oil, LLC
Address 1: 764 RD 70
Address 2:
City: OLPE State: KS Zip: 66865 + 9336
Contact Person: Judy Schade
Phone: (620) 475-3503
Lease Name: ERICKSON A M
Well Number: 2

API No.: 15-073-19590-00-00
Permit No: D15273.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SE - SW Sec. 17 Twp. 24 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
747 feet from ☐ N / ☑ S Line of Section
3544 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: DOUGLAS
Maximum Authorized Injection Rate: 100 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	2325	0	0	0	31
February	2250	0	0	0	28
March	2325	0	0	0	31
April	2250	0	0	0	30
May	2325	0	0	0	31
June	2325	0	0	0	30
July	2250	0	0	0	31
August	2325	0	0	0	31
September	2250	0	0	0	30
October	2325	0	0	0	31
November	2100	0	0	0	30
December	2325	0	0	0	31
TOTAL	27375		0		

Submitted Electronically