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 # 8133
Name: Hammerschmidt, William E
Address 1: 900 S SECTION LINE
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 3408
Contact Person: WILLIAM E HAMMERSCHMIDT
Phone: ( 785 ) 635-1037
Lease Name: VAN DOREN
Well Number: 1

API No.: 15-163-01545-00-01
Permit No: D19980.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - ____ - ____ - SE Sec. 20 Twp. 9 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
1320 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Rooks

**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: 150 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 1240 | 0 | 0 | | 31 |
| February | 1120 | 0 | 0 | | 28 |
| March | 1240 | 0 | 0 | | 31 |
| April | 1200 | 0 | 0 | | 30 |
| May | 1240 | 0 | 0 | | 31 |
| June | 1200 | 0 | 0 | | 30 |
| July | 1240 | 0 | 0 | | 31 |
| August | 1240 | 0 | 0 | | 31 |
| September | 1200 | 0 | 0 | | 30 |
| October | 1240 | 0 | 0 | | 31 |
| November | 1200 | 0 | 0 | | 30 |
| December | 1240 | 0 | 0 | | 31 |
| ***TOTAL*** | 14600 | | 0 | | |

Submitted Electronically