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 # 34661
Name: Pfeifer Explorations, LLC
Address 1: 309 W. 40TH
Address 2:
City: HAYS State: KS Zip: 67601 + 1519
Contact Person: Jacob Pfeifer
Phone: ( 785 ) 639-6013
Lease Name: SCHMIDT
Well Number: 2

API No.: 15-051-00560-00-03
Permit No: D32034.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - NW - SE - NW Sec. 34 Twp. 12 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
3630 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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 | 8060 | 0 | | | 31 |
| February | 7280 | 0 | | | 28 |
| March | 8060 | 0 | | | 31 |
| April | 7800 | 0 | | | 30 |
| May | 8060 | 0 | | | 31 |
| June | 7800 | 0 | | | 30 |
| July | 8060 | 0 | | | 31 |
| August | 8060 | 0 | | | 31 |
| September | 4500 | 0 | | | 30 |
| October | 4650 | 0 | | | 31 |
| November | 4500 | 0 | | | 30 |
| December | 4650 | 0 | | | 31 |
| ***TOTAL*** | 81480 | | 0 | | |

Submitted Electronically