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 # 32490
Name: Schmidt, Terry D.
Address 1: 1624 NORTH GRIMES STREET
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 2530
Contact Person: Terry D. Schmidt
Phone: (620) 245-7383
Lease Name: KAUFMAN
Well Number: 2

API No.: 15-113-20070-00-02
Permit No: D27104.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - NE Sec. 24 Twp. 21 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
4320 feet from ☐ N / ☑ S Line of Section
296 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	15501	0	0		31
February	14486	0	0		28
March	15486	0	0		31
April	14884	0	0		30
May	15480	0	0		31
June	14889	0	0		30
July	15492	0	0		31
August	15493	0	0		31
September	14980	0	0		30
October	15497	0	0		31
November	14978	0	0		30
December	15497	0	0		31
TOTAL	182663		0		

Submitted Electronically