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 # 34285
Name: Schindler, Joe
Address 1: PO BOX 175
Address 2:
City: MADISON State: KS Zip: 66860 + 0175
Contact Person: Joe Schindler
Phone: (620) 437-6844
Lease Name: TETER
Well Number: 23-11-2

API No.: 15-073-23961-00-00
Permit No: D28167.0
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - NE - SW Sec. 23 Twp. 23 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
1986 feet from ☐ N / ☑ S Line of Section
3321 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: 250 psi Injection Zone: ARBUCKLE
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	200				2
February	200				2
March	200				2
April	200				2
May	200				2
June	200				2
July	200				2
August	200				2
September	200				2
October	200				2
November	200				2
December	200				2
TOTAL	2400		0		

Submitted Electronically