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: NUESSEN
Well Number: B 6

API No.: 15-111-20106-00-01
Permit No: E21672.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - NE Sec. 31 Twp. 21 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
3580 feet from ☐ N / ☑ S Line of Section
1300 feet from ☑ E / ☐ W Line of Section
County: Lyon

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: 600 psi Injection Zone: BARTLESVILLE
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	0				
February	0				
March	1500				31
April	1500				30
May	0				
June	0				
July	3000				31
August	3000				30
September	0				
October	0				
November	0				
December	0				
TOTAL	9000		0		

Submitted Electronically