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 # 33913
Name: Winterscheid Oil, LLC
Address 1: 764 RD 70
Address 2:
City: OLPE State: KS Zip: 66865 + 9336
Contact Person: Judy Schade
Phone: ( 620 ) 475-3503
Lease Name: BONNETT
Well Number: 7

API No.: 15-073-21104-00-01
Permit No: D32649.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - SW - NW Sec. 13 Twp. 24 S. R. 12 ☑ E ☐ W
*(Q/Q/Q/Q)*
3627 feet from ☐ N / ☑ S Line of Section
4179 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: 450 psi Injection Zone: LANSING-KANSAS CITY

Maximum Authorized Injection Rate: 400 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 | 8360 | 0 | 0 | 0 | 31 |
| February | 8290 | 0 | 0 | 0 | 28 |
| March | 8290 | 0 | 0 | 0 | 31 |
| April | 8490 | 0 | 0 | 0 | 30 |
| May | 8380 | 0 | 0 | 0 | 31 |
| June | 8270 | 0 | 0 | 0 | 30 |
| July | 8350 | 0 | 0 | 0 | 31 |
| August | 8290 | 0 | 0 | 0 | 31 |
| September | 8370 | 0 | 0 | 0 | 30 |
| October | 8560 | 0 | 0 | 0 | 31 |
| November | 8380 | 0 | 0 | 0 | 30 |
| December | 8350 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 100380 | | 0 | | |

Submitted Electronically