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 # 8133
Name: Hammerschmidt, William E
Address 1: 900 S SECTION LINE
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 3408
Contact Person: WILLIAM E HAMMERSCHMIDT
Phone: (785) 635-1037
Lease Name: VAN DOREN
Well Number: 1

API No.: 15-163-01545-00-01
Permit No: D19980.0
Reporting Year: 2019
(January 1 to December 31)

____ - ____ - ____ - SE Sec. 20 Twp. 9 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 150 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1240	0	0		31
February	1160	0	0		29
March	1240	0	0		31
April	1200	0	0		30
May	1240	0	0		31
June	1200	0	0		30
July	1240	0	0		31
August	1240	0	0		31
September	1200	0	0		30
October	1240	0	0		31
November	1200	0	0		30
December	1240	0	0		31
TOTAL	14640		0		

Submitted Electronically