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 # 6470
Name: Schankie Well Service, Inc.
Address 1: PO BOX 397
Address 2:
City: MADISON State: KS Zip: 66860 + 0397
Contact Person: CLIFF SCHANKIE
Phone: (620) 437-2595
Lease Name: EDWARDS
Well Number: 13

API No.: 15-073-23583-00-00
Permit No: D25361.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NE Sec. 22 Twp. 23 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
5000 feet from ☐ N / ☑ S Line of Section
180 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: 0 psi Injection Zone: TONGANOXIE

Maximum Authorized Injection Rate: 300 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					0
April					0
May					0
June					0
July					0
August					0
September					0
October					0
November					0
December					0
TOTAL	0		0		

Submitted Electronically