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: 2018
*(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