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 # 6569
Name: Carmen Schmitt, Inc.
Address 1: PO BOX 47
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Matt Suchy
Phone: (620) 793-5100
Lease Name: BURTON
Well Number: 5

API No.: 15-163-23163-00-01
Permit No: E26322.1
Reporting Year: 2020
(January 1 to December 31)

SE - NE - SW - ____ Sec. 15 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1659 feet from ☐ N / ☑ S Line of Section
2934 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: 500 psi Injection Zone: L KC
Maximum Authorized Injection Rate: 1000 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	300	0	0	0
February	0	300	0	0	0
March	0	300	0	0	0
April	0	300	0	0	0
May	0	300	0	0	0
June	0	300	0	0	0
July	0	300	0	0	0
August	0	300	0	0	0
September	0	300	0	0	0
October	0	300	0	0	0
November	0	300	0	0	0
December	0	300	0	0	0
TOTAL	0		0		

Submitted Electronically