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 # 35664
Name: WMJ Oil Inc
Address 1: PO BOX 485
Address 2:
City: MADISON State: KS Zip: 66860 + 0485
Contact Person: Wallace G. Schankie
Phone: (620) 437-6885
Lease Name: STUEVE
Well Number: 5

API No.: 15-111-20513-00-00
Permit No: D31976.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 13 Twp. 21 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
4828 feet from ☐ N / ☑ S Line of Section
5188 feet from ☑ E / ☐ W Line of Section
County: Lyon

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: 22 Additives: Soap
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	3102	0	0		31
February	2802	0	0		28
March	3105	0	0		31
April	3003	0	0		30
May	3104	0	0		31
June	3000	0	0		30
July	3102	0	0		31
August	3105	0	0		31
September	3000	0	0		30
October	3102	0	0		31
November	3002	0	0		30
December	3100	0	0		31
TOTAL	36527		0		

Submitted Electronically