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 # 33913
Name: Winterscheid Oil, LLC
Address 1: 764 RD 70
Address 2:
City: OLPE State: KS Zip: 66865 + 9336
Contact Person: Judy Schade
Phone: ( 620 ) 475-3503
Lease Name: HEIDRICK
Well Number: W 1

API No.: 15-073-19597-00-00
Permit No: D09353.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - S2 - SW - SE Sec. 12 Twp. 24 S. R. 12 ☑ E ☐ W
*(Q/Q/Q/Q)*
230 feet from ☐ N / ☑ S Line of Section
1980 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: 350 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 250 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 | 4830 | 0 | 0 | | 31 |
| February | 4950 | 0 | 0 | | 29 |
| March | 4800 | 0 | 0 | | 31 |
| April | 4830 | 0 | 0 | | 30 |
| May | 5080 | 0 | 0 | | 31 |
| June | 4800 | 0 | 0 | | 30 |
| July | 4750 | 0 | 0 | | 31 |
| August | 4820 | 0 | 0 | | 31 |
| September | 4830 | 0 | 0 | | 30 |
| October | 5100 | 0 | 0 | | 31 |
| November | 4790 | 0 | 0 | | 30 |
| December | 4820 | 0 | 0 | | 31 |
| ***TOTAL*** | 58400 | | 0 | | |

Submitted Electronically