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 # 32490
Name: Schmidt, Terry D.
Address 1: 1624 NORTH GRIMES STREET
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 2530
Contact Person: Terry D Schmidt
Phone: (620) 245-7383
Lease Name: VOTH (HOLLOW-NIKKEL)
Well Number: 2

API No.: 15-079-19064-00-04
Permit No: D12114.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 4 Twp. 22 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
4944 feet from ☐ N / ☑ S Line of Section
3087 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 11000 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	38759	0	0	0	31
February	8701	0	0	0	29
March	9288	0	0	0	31
April	8996	0	0	0	30
May	29589	0	0	0	31
June	29017	0	0	0	30
July	29687	0	0	0	31
August	29684	0	0	0	31
September	31205	0	0	0	30
October	32246	0	0	0	31
November	31289	0	0	0	30
December	32301	0	0	0	31
TOTAL	310762		0		

Submitted Electronically