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 # 33920
Name: Schankie & Sons, LLC
Address 1: 2604 370TH ST
Address 2:
City: MADISON State: KS Zip: 66860 + 8507
Contact Person: Philip Schankie
Phone: (620) 437-6187
Lease Name: BEAL
Well Number: 3

API No.: 15-073-21963-00-02
Permit No: E14908.5
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - NE Sec. 32 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4282 feet from ☐ N / ☑ S Line of Section
305 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: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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	2480	600	0	0	31
February	2240	600	0	0	28
March	2480	600	0	0	31
April	2400	600	0	0	30
May	2480	600	0	0	31
June	2400	600	0	0	30
July	2480	600	0	0	31
August	2480	600	0	0	31
September	2400	600	0	0	30
October	2480	600	0	0	31
November	2400	600	0	0	30
December	2480	600	0	0	31
TOTAL	29200		0		

Submitted Electronically