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 # 35448
Name: Schippers Oilfield Services, LLC
Address 1: 1255 E Hwy 24
Address 2:
City: HOXIE State: KS Zip: 67740 + 4171
Contact Person: SCOTT A SCHIPPERS
Phone: (785) 6759991
Lease Name: IRENE SWD
Well Number: 1

API No.: 15-179-21209-00-01
Permit No: D31891.0
Reporting Year: 2021
(January 1 to December 31)

W2 - SW - SE - SE Sec. 24 Twp. 8 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
465 feet from ☐ N / ☑ S Line of Section
1007 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	1250				31
February	1400				28
March	1550				31
April	1400				30
May	1450				31
June	1550				30
July	1500				31
August	1380				31
September	1460				30
October	1540				31
November	1300				30
December	1420				31
TOTAL	17200		0		

Submitted Electronically