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: KAUFMAN
Well Number: 2

API No.: 15-113-20070-00-02
Permit No: D27104.0
Reporting Year: 2022
(January 1 to December 31)

____ - SE - NE - NE Sec. 24 Twp. 21 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
4320 feet from ☐ N / ☑ S Line of Section
296 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	7745	0	0	0	31
February	7168	0	0	0	28
March	7748	0	0	0	31
April	7498	0	0	0	30
May	7747	0	0	0	31
June	7495	0	0	0	30
July	7750	0	0	0	31
August	7753	0	0	0	31
September	7496	0	0	0	30
October	7746	0	0	0	31
November	7501	0	0	0	30
December	7751	0	0	0	31
TOTAL	91398		0		

Submitted Electronically