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: 2022
(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			31
February	2320	600			29
March	2480	600			31
April	2400	600			30
May	2480	600			31
June	2400	600			30
July	2480	600			31
August	2480	600			31
September	2400	600			30
October	2480	600			31
November	2400	600			30
December	2480	600			31
TOTAL	29280		0		

Submitted Electronically