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: ELLIS B
Well Number: 11

API No.: 15-073-23992-00-01
Permit No: E20991.4
Reporting Year: 2022
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 34 Twp. 22 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
1051 feet from ☐ N / ☑ S Line of Section
4381 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: 750 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 750 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 | 0 | 0 | | | 0 |
| February | 0 | 0 | | | 0 |
| March | 0 | 0 | | | 0 |
| April | 0 | 0 | | | 0 |
| May | 100 | 600 | | | 31 |
| June | 150 | 600 | | | 30 |
| July | 100 | 600 | | | 31 |
| August | 100 | 600 | | | 31 |
| September | 0 | 0 | | | 0 |
| October | 0 | 0 | | | 0 |
| November | 150 | 600 | | | 30 |
| December | 150 | 600 | | | 31 |
| ***TOTAL*** | 750 | | 0 | | |

Submitted Electronically