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 # 6569
Name: Carmen Schmitt, Inc.
Address 1: PO BOX 47
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Matt Suchy
Phone: (620) 793-5100
Lease Name: HOLY CROSS
Well Number: 1W

API No.: 15-163-01440-00-02
Permit No: E03504.7
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NE - NE Sec. 4 Twp. 9 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4266 feet from ☐ N / ☑ S Line of Section
899 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: NA
Maximum Authorized Injection Rate: 1450 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	5600	350	0	0	31
February	5058	350	0	0	28
March	5600	350	0	0	31
April	5419	350	0	0	30
May	5600	350	0	0	31
June	5419	350	0	0	30
July	5600	350	0	0	31
August	5600	350	0	0	31
September	5419	350	0	0	30
October	5600	350	0	0	31
November	5419	350	0	0	30
December	5600	350	0	0	31
TOTAL	65934		0		

Submitted Electronically