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: PEAVEY SWD
Well Number: 4

API No.: 15-051-04828-00-02
Permit No: D30536.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SE - NE Sec. 26 Twp. 11 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
3725 feet from ☐ N / ☑ S Line of Section
358 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: NA
Maximum Authorized Injection Rate: 5000 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	13716	0	0	0	31
February	12388	0	0	0	28
March	13716	0	0	0	31
April	13273	0	0	0	30
May	13716	0	0	0	31
June	13273	0	0	0	30
July	13716	0	0	0	31
August	13716	0	0	0	31
September	13273	0	0	0	30
October	13716	0	0	0	31
November	13273	0	0	0	30
December	13716	0	0	0	31
TOTAL	161492		0		

Submitted Electronically