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: NEY UNIT
Well Number: 4

API No.: 15-167-00187-00-01
Permit No: E15052.3
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - SW Sec. 32 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1659 feet from ☐ N / ☑ S Line of Section
5054 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 1000 psi Injection Zone: L KC
Maximum Authorized Injection Rate: 600 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	2906	250	0	0	31
February	2625	250	0	0	28
March	2906	250	0	0	31
April	2812	250	0	0	30
May	2906	250	0	0	31
June	2812	250	0	0	30
July	2906	250	0	0	31
August	2906	250	0	0	31
September	2812	250	0	0	30
October	2906	250	0	0	31
November	2812	250	0	0	30
December	2906	250	0	0	31
TOTAL	34215		0		

Submitted Electronically