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 # 6470
Name: Schankie Well Service, Inc.
Address 1: PO BOX 397
Address 2:
City: MADISON State: KS Zip: 66860 + 0397
Contact Person: CLIFF SCHANKIE
Phone: (620) 437-2595
Lease Name: PEARSON
Well Number: 12

API No.: 15-073-23654-00-01
Permit No: E26352.2
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SW - SE Sec. 22 Twp. 23 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
887 feet from ☐ N / ☑ S Line of Section
1810 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: 40 Additives: SOAP
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 400 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 100 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	1240	200			31
February	1120	200			28
March	1240	200			31
April	1200	200			30
May	1240	200			31
June	1200	200			30
July	1240	200			31
August	1240	200			31
September	1200	200			30
October	1240	200			31
November	1200	200			30
December	1240	200			31
TOTAL	14600		0		

Submitted Electronically