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: SHULL
Well Number: 2

API No.: 15-073-20467-00-03
Permit No: E23750.3
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SW - SE Sec. 21 Twp. 23 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
345 feet from ☐ N / ☑ S Line of Section
1354 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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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 | 3100 | 600 | | | 31 |
| February | 2800 | 600 | | | 28 |
| March | 3100 | 600 | | | 31 |
| April | 3000 | 600 | | | 30 |
| May | 3100 | 600 | | | 31 |
| June | 3000 | 600 | | | 30 |
| July | 3100 | 600 | | | 31 |
| August | 3100 | 600 | | | 31 |
| September | 3000 | 600 | | | 30 |
| October | 3100 | 600 | | | 31 |
| November | 3000 | 600 | | | 30 |
| December | 3100 | 600 | | | 31 |
| ***TOTAL*** | 36500 | | 0 | | |

Submitted Electronically