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 # 33920
Name: Schankie & Sons, LLC
Address 1: 2604 370TH ST
Address 2:
City: MADISON State: KS Zip: 66860 + 8507
Contact Person: Philip Schankie
Phone: (620) 437-6187
Lease Name: ELLIS
Well Number: 1

API No.: 15-073-01575-00-02
Permit No: D07368.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NW - SW Sec. 34 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2520 feet from ☐ N / ☑ S Line of Section
3983 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: ____ Additives: ____

(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 200 psi Injection Zone: DOUGLAS

Maximum Authorized Injection Rate: 50 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	1550	0			31
February	1400				28
March	1550				31
April	1500				30
May	1550				31
June	1500				30
July	1550				31
August	1550				31
September	1500				30
October	1550				31
November	1500				30
December	1550				31
TOTAL	18250		0		

Submitted Electronically