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: WESSELER
Well Number: 3

API No.: 15-053-01381-00-00
Permit No: D01983.0
Reporting Year: 2024
(January 1 to December 31)

___ - SE - NW - NW Sec. 19 Twp. 17 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
4315 feet from ☐ N / ☑ S Line of Section
4442 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: Arbuckle
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	1361	0	0	0	31
February	1273	0	0	0	29
March	1361	0	0	0	31
April	1317	0	0	0	30
May	1361	0	0	0	31
June	1317	0	0	0	30
July	1361	0	0	0	31
August	1361	0	0	0	31
September	1317	0	0	0	30
October	1361	0	0	0	31
November	1317	0	0	0	30
December	1361	0	0	0	31
TOTAL	16068		0		

Submitted Electronically