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: BEARDMORE
Well Number: 8 W

API No.: 15-163-30045-00-02
Permit No: D23413.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SW - NE Sec. 10 Twp. 9 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
2726 feet from ☐ N / ☑ S Line of Section
2620 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 500 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	6460	0	0	0	31
February	6043	0	0	0	29
March	6460	0	0	0	31
April	6252	0	0	0	30
May	6460	0	0	0	31
June	6252	0	0	0	30
July	6460	0	0	0	31
August	6460	0	0	0	31
September	6252	0	0	0	30
October	6460	0	0	0	31
November	6252	0	0	0	30
December	6460	0	0	0	31
TOTAL	76271		0		

Submitted Electronically