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: BUTTE
Well Number: W-5

API No.: 15-073-01553-00-01
Permit No: E24178.1
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - NW Sec. 27 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3986 feet from ☐ N / ☑ S Line of Section
4672 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: 750 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	9300				31
February	8700				29
March	9300				31
April	9000				30
May	9300				31
June	9000				30
July	9300				31
August	9300				31
September	9000				30
October	9300				31
November	9000				30
December	9300				31
TOTAL	109800		0		

Submitted Electronically