

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: EDWARDS
Well Number: 12

API No.: 15-073-23550-00-00
Permit No: E24313.2
Reporting Year: 2024
(January 1 to December 31)
____ - SW - SW - NE Sec. 22 Twp. 23 S. R. 10 ☒ E ☐ W
(a/a/a/a)
2637 feet from ☐ N / ☒ S Line of Section
2443 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: 700 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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	<u>1240</u>	_____	_____	_____	<u>31</u>
	February	<u>1160</u>	_____	_____	_____	<u>29</u>
	March	<u>1240</u>	_____	_____	_____	<u>31</u>
	April	<u>1200</u>	_____	_____	_____	<u>30</u>
	May	<u>1240</u>	_____	_____	_____	<u>31</u>
	June	<u>1200</u>	_____	_____	_____	<u>30</u>
	July	<u>1240</u>	_____	_____	_____	<u>31</u>
	August	<u>1240</u>	_____	_____	_____	<u>31</u>
	September	<u>1200</u>	_____	_____	_____	<u>30</u>
	October	<u>1240</u>	_____	_____	_____	<u>31</u>
	November	<u>1200</u>	_____	_____	_____	<u>30</u>
	December	<u>1240</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>14640</u>	_____	<u>0</u>	_____	_____

Submitted Electronically