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 # 6534
Name: Schindler Oil, LLC
Address 1: PO BOX 92
Address 2:
City: MADISON State: KS Zip: 66860 + 0092
Contact Person: Robert Schindler
Phone: (620) 437-2525
Lease Name: NOLLER
Well Number: WI-2

API No.: 15-073-24153-00-00
Permit No: E14306.2
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - SE Sec. 3 Twp. 23 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
2024 feet from ☐ N / ☑ S Line of Section
365 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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 4000 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	620	0	0	0	31
February	560	0	0	0	28
March	620	0	0	0	31
April	600	0	0	0	30
May	620	0	0	0	31
June	600	0	0	0	30
July	620	0	0	0	31
August	620	0	0	0	31
September	600	0	0	0	30
October	620	0	0	0	31
November	600	0	0	0	30
December	620	0	0	0	31
TOTAL	7300		0		

Submitted Electronically