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 # 35901
Name: Pohlman Oil LLC
Address 1: 4605 JEFFERSON DRIVE
Address 2:
City: HAYS State: KS Zip: 67601 + 1501
Contact Person: Brett Pohlman
Phone: (785) 6561693
Lease Name: SCHINDLER B
Well Number: 7

API No.: 15-163-20921-00-02
Permit No: E27482.1
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - SE - SW Sec. 23 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
602 feet from ☐ N / ☑ S Line of Section
3589 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: 500 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1500 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	682				31
February	616				28
March	682				31
April	660				30
May	682				31
June	660				30
July	682				31
August	682				31
September	660				30
October	682				31
November	660				30
December	682				31
TOTAL	8030		0		

Submitted Electronically