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: MARLENE A
Well Number: 3

API No.: 15-101-22167-00-02
Permit No: D34312.0
Reporting Year: 2025
(January 1 to December 31)

____ - ____ - S2 - SW Sec. 31 Twp. 18 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
561 feet from ☐ N / ☑ S Line of Section
3440 feet from ☑ E / ☐ W Line of Section
County: Lane

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: Mississippian
Maximum Authorized Injection Rate: 1000 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	11537	0	0	0	31
February	10421	0	0	0	28
March	11537	0	0	0	31
April	11165	0	0	0	30
May	11537	0	0	0	31
June	11165	0	0	0	30
July	11537	0	0	0	31
August	11537	0	0	0	31
September	11165	0	0	0	30
October	11537	0	0	0	31
November	11165	0	0	0	30
December	11537	0	0	0	31
TOTAL	135840		0		

Submitted Electronically