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 # 5172
Name: Schulz Oil & Gas, Inc.
Address 1: 114 S MAIN
Address 2: PO BOX 515
City: CANTON State: KS Zip: 67428 + 0515
Contact Person: Rodney Schulz
Phone: (620) 628-4431
Lease Name: TRI-B INC
Well Number: 1

API No.: 15-113-20503-00-03
Permit No: D24120.0
Reporting Year: 2025
(January 1 to December 31)

SW - NW - NE - NW Sec. 34 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4684 feet from ☐ N / ☑ S Line of Section
3949 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 0 psi Injection Zone: ARBUCKLE
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	2725	-16		60	31
February	2100	-5		60	28
March	1200	-9		20	31
April	2250	-11		60	30
May	2825	-9		70	31
June	3000	-10		70	30
July	2200	-10		70	31
August	3100	-10		70	31
September	3000	-10		80	30
October	3100	-10		60	31
November	2450	-9		60	30
December	2800	-8		60	31
TOTAL	30750		0		

Submitted Electronically