

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 # 6246
Name: Bennett & Schulte Oil Co., A General Partnership
Address 1: PO BOX 329
Address 2: _____
City: RUSSELL State: KS Zip: 67665 + 0329
Contact Person: Joe Roth
Phone: (785) 483-2721
Lease Name: HOFF
Well Number: 1 SWD

API No.: 15-051-21046-00-00
Permit No: D17872.0
Reporting Year: 2025
(January 1 to December 31)
____ - SE - SE - SE Sec. 20 Twp. 12 S. R. 16 ☐ E ☒ W
(a/a/a/a)
404 feet from ☐ N / ☒ S Line of Section
386 feet from ☒ E / ☐ W Line of Section
County: Ellis

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: 250 psi Injection Zone: CEDAR HILLS
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>840</u>	_____	_____	_____	<u>28</u>
	February	<u>480</u>	_____	_____	_____	<u>16</u>
	March	<u>660</u>	_____	_____	_____	<u>22</u>
	April	<u>900</u>	_____	_____	_____	<u>30</u>
	May	<u>930</u>	_____	_____	_____	<u>31</u>
	June	<u>840</u>	_____	_____	_____	<u>28</u>
	July	<u>90</u>	_____	_____	_____	<u>3</u>
	August	<u>600</u>	_____	_____	_____	<u>20</u>
	September	<u>900</u>	_____	_____	_____	<u>30</u>
	October	<u>810</u>	_____	_____	_____	<u>27</u>
	November	<u>840</u>	_____	_____	_____	<u>28</u>
	December	<u>750</u>	_____	_____	_____	<u>25</u>
	TOTAL	<u>8640</u>	_____	<u>0</u>	_____	_____

Submitted Electronically