



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 # 35138
Name: S & B Operating LLC
Address 1: 6340 Glenwood St.
Address 2: SUITE 103
City: OVERLAND PARK State: KS Zip: 66202 +
Contact Person: Brad Kramer
Phone: (913) 871-3500
Lease Name: ABC
Well Number: I-24

API No.: 15-121-29288-00-00
Permit No.: E31260.17
Reporting Year: 2016
(January 1 to December 31)
NE - SW - SE - SW Sec. 22 Twp. 17 S. R. 22 ☒ E ☐ W
(a/a/a/a)
640 feet from ☐ N / ☒ S Line of Section
3320 feet from ☒ E / ☐ W Line of Section
County: Miami

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: SQUIRREL
Maximum Authorized Injection Rate: 100 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>476</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>401</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>526</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>375</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>451</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>440</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>469</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>438</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>447</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>462</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>418</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>429</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>5332</u>		<u>0</u>		

Submitted Electronically