## 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 \# 3273
Name: HERMAN L. LOEB, LLC
Address 1: PO BOX 838
Address 2: $\qquad$
City: LAWRENCEVILLE State: IL__ Zip: $\underline{62439}+\ldots \ldots$
Contact Person: Shane Pelton
Phone: (620 ) 617-5870
Lease Name: WALLS A
Well Number: 3

API No.: 15-185-20283-00-00
Permit No: E13909.2
Reporting Year: 2016
(January 1 to December 31)
 358 feet from $\square \mathrm{N} / \boxed{\mathrm{S}}$ Line of Section 1042 feet from $\checkmark \mathrm{E}$W Line of Section

County: Stafford
I. Injection Fluid:

| Type (Pick one): | $\square$ Fresh Water | $\square$ Treated Brine | $\square$ | $\square$ Untreated Brine |
| :--- | :--- | :--- | :--- | :--- |$\quad \square$ Water/Brine

(Attach water analysis, if available)

## II. Well Data:

Maximum Authorized Injection Pressure: 1250 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 750 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 $\qquad$ (Include TA's)
III.

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF |
| :---: | :---: | :---: | :---: |
| January | 1602 | -10 | 0 |
| February | 1396 | -8 | 0 |
| March | 1451 | -6 | 0 |
| April | 1348 | -6 | 0 |
| May | 1374 | -10 | 0 |
| June | 1150 | -10 | 0 |
| July | 1508 | -12 | 0 |
| August | 1362 | -10 | 0 |
| September | 1269 | -10 | 0 |
| October | 1328 | -12 | 0 |
| November | 1272 | -10 | 0 |
| December | 1301 | -8 | 0 |
| TOTAL | 16361 |  | 0 |

Maximum Gas Pressure
\# Days of Injection

