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 # 3273
Name: HERMAN L. LOEB, LLC
Address 1: PO BOX 838
Address 2:
City: LAWRENCEVILLE State: IL Zip: 62439 + __ __ __ __
Contact Person: Jesse Middagh
Phone: (618) 943-2227
Lease Name: LOHMANN
Well Number: 8-A

API No.: 15-007-21114-00-00
Permit No: D20126.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - SW Sec. 3 Twp. 35 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1839 feet from ☐ N / ☑ S Line of Section
4812 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3338	-10	0		31
February	3015	-10	0		28
March	3313	-10	0		31
April	3240	-10	0		30
May	3282	-10	0		31
June	3176	-10	0		30
July	3252	-10	0		31
August	3222	-10	0		31
September	3147	-10	0		30
October	3232	-10	0		31
November	3171	-10	0		30
December	3319	-10	0		31
TOTAL	38707		0		

Submitted Electronically