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 # 33779
Name: Bob's Hauling Service, Inc.
Address 1: 425 W 5TH
Address 2: PO BOX 277
City: ST JOHN State: KS Zip: 67576 + ___ ___ ___ ___
Contact Person: Bob Stimatze
Phone: (620) 793-4017
Lease Name: SIEFKES
Well Number: B-2

API No.: 15-185-21756-00-00
Permit No: D22209.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NW Sec. 13 Twp. 22 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
5029 feet from ☐ N / ☑ S Line of Section
4951 feet from ☑ E / ☐ W Line of Section
County: Stafford

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	3760	0	0		31
February	3840	0	0		28
March	3200	0	0		31
April	3200	0	0		30
May	3280	0	0		31
June	3120	0	0		30
July	3920	0	0		31
August	2960	0	0		31
September	1760	0	0		30
October	2160	0	0		31
November	1920	0	0		30
December	1360	0	0		31
TOTAL	34480		0		

Submitted Electronically