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: Shane Pelton
Phone: (620) 617-5870
Lease Name: SMOTHERMAN
Well Number: 2-31

API No.: 15-199-20267-00-01
Permit No: E32439.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - SW Sec. 31 Twp. 15 S. R. 41 ☐ E ☑ W
(Q/Q/Q/Q)
2308 feet from ☐ N / ☑ S Line of Section
735 feet from ☐ E / ☑ W Line of Section
County: Wallace

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: 1200 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 1000 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	1686	-25	0		9
June	9110	-30	0		23
July	4458	-10	0		17
August	2379	-20	0		16
September	372	-20	0		4
October	207	-20	0		5
November	5713	-15	0		27
December	6096	-15	0		30
TOTAL	30021		0		

Submitted Electronically