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: HERB SCHMIDT
Well Number: 1

API No.: 15-051-24196-00-01
Permit No: D27136.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SW Sec. 34 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2377 feet from ☐ N / ☑ S Line of Section
3773 feet from ☑ E / ☐ W Line of Section
County: Ellis

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 59874 mg/l Specific Gravity: 1.0392 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
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	5255	0	0		31
February	4621	0	0		28
March	4601	0	0		31
April	4075	0	0		30
May	6860	0	0		31
June	6554	0	0		30
July	6484	0	0		31
August	7050	0	0		31
September	5985	0	0		30
October	6376	0	0		31
November	5960	0	0		30
December	6247	0	0		31
TOTAL	70068		0		

Submitted Electronically