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 # 6037
Name: Staab Oil Co., a General Partnership
Address 1: 1607 HOPEWELL RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9443
Contact Person: Francis C. Staab
Phone: (785) 625-5013
Lease Name: LEIKAM
Well Number: 2 SWD

API No.: 15-051-22652-00-02
Permit No: D20622.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NW Sec. 35 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4310 feet from ☐ N / ☑ S Line of Section
3814 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: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	5300	0	0		31
February	4950	0	0		28
March	5300	0	0		31
April	5250	0	0		30
May	5300	0	0		31
June	5300	0	0		30
July	5250	0	0		31
August	5300	0	0		31
September	5300	0	0		30
October	5300	0	0		31
November	5250	0	0		30
December	5250	0	0		30
TOTAL	63050		0		

Submitted Electronically