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: WATERS INC
Well Number: 1

API No.: 15-185-19083-00-02
Permit No: D24863.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - NW Sec. 30 Twp. 24 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4980 feet from ☐ N / ☑ S Line of Section
2937 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	1600	0	0		31
February	1360	0	0		28
March	2160	0	0		31
April	960	0	0		30
May	0	0	0		31
June	640	0	0		30
July	1200	0	0		31
August	640	0	0		31
September	1280	0	0		30
October	960	0	0		31
November	880	0	0		30
December	400	0	0		31
TOTAL	12080		0		

Submitted Electronically