

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____



Baker Petrolite LLC

Date 27-Oct-2017

Page 1 of 1

Invoice Number: 908451864

Address
PRODUCTION INC
ROAD 68
AND KS 67735

Ship-to Address
LOBO PRODUCTION INC
SAINT FRANCIS AREA
SAINT FRANCIS KS 67756
USA

General Information	
Amount Due:	899.80 USD
Terms of Payment:	30 Days Net
Payment Due Date:	26-Nov-2017
Terms of Delivery:	FOB SAINT FRANCIS KS
Mode of Transport:	Truckload
Product Line:	50
Payer Number:	20037015

Data

Name: O'BRIEN
Number: ~~9-31~~ 4-34
Country: Kansas / USA
V/Parish: CHEYENNE
WI No: 15-023-20809

BHI Well Ref. No.: 60887119
Field: ~~ST-641W~~
Lease: O'BRIEN ~~9-31~~ 4-34

Contract Information
Baker Petrolite LLC
12845 West Airport Blvd.
SUGAR LAND TX 77478
USA
Contact: Donna Seyfert Email ID: Donna.seyfert@bakerhughes.com
Tel: 620-792-2137

BY: RICHARD

Material	Description	Quantity	Unit Price	Extended Price (USD)
8835697	from 23-Oct-2017			
	/ note: 813993047 from 26-Oct-2017			
	order no.: RICHARD from 23-Oct-2017			
)	WCW1610-10	1	DRM (55 GAL)	899.80
	WCW1610 COMBINATION			
	INHIBITOR			
	Sale Price		16.36/GAL	899.80
Total Sales				899.80
Final Amount (USD)				899.80

Remit USD checks to: Baker Hughes, PO BOX 301057, Dallas, TX 75303-1057.
Transfers to: JP Morgan Chase Bank, ABA # 021000021 Swift Code: CHASUS33, A/C 00100002022.
Payments to: JP Morgan Chase Bank, ABA # 111000614, A/C 00100151217.
Email remittance advices to: ARCCASHAPPLICATION@BAKERHUGHES.COM