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: KOHL
Well Number: 2

API No.: 15-195-19011-00-02
Permit No: D23620.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NE - NW Sec. 11 Twp. 12 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4300 feet from ☐ N / ☑ S Line of Section
3664 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 500 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	2164	0			31
February	1882	0			28
March	1839	0			31
April	1731	0			30
May	1289	0			31
June	1458	0			30
July	1707	0			31
August	1295	0			31
September	1194	0			30
October	1445	0			31
November	1277	0			30
December	1432	0			31
TOTAL	18713		0		

Submitted Electronically