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: TEMPLE B SWD
Well Number: 4

API No.: 15-163-20689-00-01
Permit No: D30771.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - SW Sec. 7 Twp. 10 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
340 feet from ☐ N / ☑ S Line of Section
4160 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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	6215	0			31
February	5668	0			28
March	5973	0			31
April	5257	0			30
May	6369	0			31
June	6128	0			30
July	4062	0			31
August	6836	0			31
September	6358	0			30
October	6653	0			31
November	7111	0			30
December	5418	0			31
TOTAL	72048		0		

Submitted Electronically