

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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____



**Baker Petrolite LLC**

**Invoice**  
Number: 910392328

Date 13-Sep-2019

Page 1 of 1

**Bill-to Address**  
LOBO PRODUCTION INC  
2035 ROAD 68  
GOODLAND KS 67735  
USA

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

**General Information**

**Amount Due:** 959.20 USD  
**Terms of Payment:** 30 Days Net  
**Payment Due Date:** 13-Oct-2019  
**Terms of Delivery:** FOB SAINT FRANCIS KS  
**Mode of Transport:** Truckload  
**Product Line:** 50  
**Payer Number:** 20037015

**Well Data**

Well Name: OBRIEN  
Well Number: 3-31  
State/Country: Kansas / USA  
County/Parish: CHEYENNE  
API/UWI No: 15-023-20809

**Contact Information**

Baker Petrolite LLC  
12645 West Airport Blvd.  
SUGAR LAND TX 77478  
USA  
Contact: Donna Seyfert Email ID: Donna.seyfert@bakerhughes.com  
Tel: 620-792-2137

AUTH BY: RICHARD

Item	Material	Description	Quantity	Unit Price	Extended Price (USD)
		Order: 110029846 from 11-Sep-2019			
		Delivery note: 816667530 from 12-Sep-2019			
		Purch. order no.: RICHARD from 11-Sep-2019			
000010	WCW1610-10	WCW1610 COMBINATION INHIBITOR	1	17.44/GAL	959.20
		Sale Price			
Total Sales					959.20
Final Amount (USD)					959.20

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



**Baker Petrolite LLC**

**Invoice**

Date 09-Jan-2019

Page 1 of 1

Number: 909647124

Bill-to Address  
OBO PRODUCTION INC  
0355 ROAD 68  
WOODLAND KS 67735  
USA

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

**General Information**

**Amount Due:** 1,387.10 USD  
Terms of Payment: 30 Days Net  
Payment Due Date: 08-Feb-2019  
Terms of Delivery: FOB SAINT FRANCIS KS  
Mode of Transport: Truckload  
Product Line: 50  
Payer Number: 20037015

**Well Data**

Well Name: BENKELMAN\_LSE  
State/Country: Kansas / USA  
County/Parish: CHEYENNE  
API/UWI No: 9999999999999999

BHI Well Ref. No.: 61186173  
Lease: BENKELMAN\_LSE

**Contact Information**

Baker Petrolite LLC  
12645 West Airport Blvd.  
SUGAR LAND TX 77478  
USA  
Contact: Donna Seyfert Email ID: Donna.seyfert@bakerhughes.com  
Tel: 620-792-2137

UTLH BY: RICHARD

em	Material	Description	Quantity	Unit Price	Extended Price (USD)
<b>Order: 109603290 from 04-Jan-2019</b>					
<b>Delivery note: 815625204 from 07-Jan-2019</b>					
<b>urch. order no.: RICHARD from 04-Jan-2019</b>					
00010	XC137-10	X-CIDE 137 INDTRL BACTERICIDE	1	11.80/GAL	649.00
		Sale Price			
00020	CGW9107-10	CGW9107 CORROSION INHIBITOR	1	13.42/GAL	738.10
		Sale Price			
Total Sales					1,387.10
Final Amount (USD)					1,387.10

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*Disposal report*