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 # 33904
Name: Sauder Oil Co., LLC
Address 1: BOX 365
Address 2:
City: MADISON State: KS Zip: 66860 + 0365
Contact Person: R. Kelly Barnard
Phone: ( 620 ) 437-2288
Lease Name: SAUDER HEIRS
Well Number: 23 I

API No.: 15-073-19750-00-01
Permit No: E05619.3
Reporting Year: 2019
*(January 1 to December 31)*

____ - ____ - NW - NW Sec. 3 Twp. 23 S. R. 13 ☑ E ☐ W
*(Q/Q/Q/Q)*
4569 feet from ☐ N / ☑ S Line of Section
4651 feet from ☑ E / ☐ W Line of Section
County: Greenwood

**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: 750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 3410 | 0 | 0 | 0 | 31 |
| February | 3080 | 0 | 0 | 0 | 28 |
| March | 3410 | 0 | 0 | 0 | 31 |
| April | 3300 | 0 | 0 | 0 | 30 |
| May | 3410 | 0 | 0 | 0 | 31 |
| June | 3300 | 0 | 0 | 0 | 30 |
| July | 3410 | 0 | 0 | 0 | 31 |
| August | 3410 | 0 | 0 | 0 | 31 |
| September | 3300 | 0 | 0 | 0 | 30 |
| October | 3410 | 0 | 0 | 0 | 31 |
| November | 3300 | 0 | 0 | 0 | 30 |
| December | 3410 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 40150 | | 0 | | |

Submitted Electronically