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: 2

API No.: 15-073-19751-00-01
Permit No: E05619.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NW Sec. 3 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
5102 feet from ☐ N / ☑ S Line of Section
2892 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	9300	400	0	0	31
February	8400	400	0	0	28
March	9300	400	0	0	31
April	9000	400	0	0	30
May	9300	400	0	0	31
June	9000	400	0	0	30
July	9300	400	0	0	31
August	9300	400	0	0	31
September	9000	400	0	0	30
October	9300	400	0	0	31
November	9000	400	0	0	30
December	9300	400	0	0	31
TOTAL	109500		0		

Submitted Electronically