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 # 33585
Name: Stecklein Oil Company, a General Partnership
Address 1: 1312 GOLDEN BELT DR
Address 2:
City: HAYS State: KS Zip: 67601 + 2727
Contact Person: Dan Stecklein
Phone: (785) 650-7706
Lease Name: STECKLEIN
Well Number: 8 OWWO

API No.: 15-051-23357-00-01
Permit No: D30802.0
Reporting Year: 2019
(January 1 to December 31)

____ - N2 - NE - SE Sec. 12 Twp. 15 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
2243 feet from ☐ N / ☑ S Line of Section
699 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 1500 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	1240	0	0	0	31
February	1120	0	0	0	28
March	1240	0	0	0	31
April	1200	0	0	0	30
May	1240	0	0	0	31
June	1200	0	0	0	30
July	1240	0	0	0	31
August	1240	0	0	0	31
September	1200	0	0	0	30
October	1240	0	0	0	31
November	1200	0	0	0	30
December	1240	0	0	0	31
TOTAL	14600		0		

Submitted Electronically