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 # 32781
Name: Roberts Resources, Inc.
Address 1: PO BOX 75187
Address 2:
City: WICHITA State: KS Zip: 67275 + 5187
Contact Person: Kent Roberts
Phone: (316) 215-1683
Lease Name: LARSON "C"
Well Number: 1-4

API No.: 15-007-21557-00-02
Permit No: D30143.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NE - NW Sec. 4 Twp. 32 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4706 feet from ☐ N / ☑ S Line of Section
3298 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 10000 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	16554	0	0	0	31
February	15486	0	0	0	29
March	16554	0	0	0	31
April	16020	0	0	0	30
May	16554	0	0	0	31
June	16020	0	0	0	30
July	16554	0	0	0	31
August	16554	0	0	0	31
September	16020	0	0	0	30
October	14849	0	0	0	31
November	14370	0	0	0	30
December	16554	0	0	0	31
TOTAL	192089		0		

Submitted Electronically