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 # 3273
Name: Herman L. Loeb, LLC
Address 1: PO BOX 838
Address 2:
City: LAWRENCEVILLE State: IL Zip: 62439 + 0838
Contact Person: Shane Pelton
Phone: (620) 617-5870
Lease Name: KRAUTKRAMER 3
Well Number: 29

API No.: 15-199-20170-00-03
Permit No: E26799.9
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - SE Sec. 29 Twp. 15 S. R. 42 ☐ E ☑ W
(Q/Q/Q/Q)
342 feet from ☐ N / ☑ S Line of Section
2462 feet from ☑ E / ☐ W Line of Section
County: Wallace

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: MORROW
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			0	0	0
February			0	0	0
March			0	0	0
April			0	0	0
May			0	0	0
June			0	0	0
July			0	0	0
August			0	0	0
September			0	0	0
October			0	0	0
November			0	0	0
December			0	0	0
TOTAL	0		0		

Submitted Electronically