

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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



Baker Petrolite LLC



Bill-to Address
 LOBO PRODUCTION INC
 2035 ROAD 68
 GOODLAND KS 67735
 USA

Date 13-Sep-2019

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Invoice
 Number: 910392328

Ship-to Address
 LOBO PRODUCTION INC
 SAINT FRANCIS AREA
 SAINT FRANCIS KS 67756
 USA

General Information	
Amount Due: 959.20 USD Terms of Payment: 30 Days Net Payment Due Date: 13-Oct-2019 Terms of Delivery: FOB SAINT FRANCIS KS Mode of Transport: Truckload Product Line: 50 Payer Number: 20037015	
Contact Information	
Baker Petrolite LLC 12645 West Airport Blvd. SUGAR LAND TX 77478 USA Contact: Donna Seyfert Email ID: Donna.seyfert@bakerhughes.com Tel: 620-792-2137	

Well Data	
Well Name: OBRIEN Well Number: 3-31 State/Country: Kansas / USA County/Parish: CHEYENNE API/UWI No: 15-023-20809	BHI Well Ref. No.: 60887119 Field: 31-4S-41W Lease: OBRIEN 3-31

AUTH BY: RICHARD

Item	Material	Description	Quantity	Unit Price	Extended Price (USD)
Order: 110029846 from 11-Sep-2019 Delivery note: 816667530 from 12-Sep-2019 Purch. order no.: RICHARD from 11-Sep-2019					
000010	WCW1610-10	WCW1610 COMBINATION INHIBITOR	1	DRM (55 GAL)	17.44/GAL
				Sale Price	959.20
				Total Sales	959.20
				Final Amount (USD)	959.20

Please remit USD checks to: Baker Hughes, PO BOX 301057, Dallas, TX 75303-1057.
 Wire Transfers to: JP Morgan Chase Bank, ABA # 021000021 Swift Code: CHASUS33, A/C 00100002022.
 ACH payments to: JP Morgan Chase Bank, ABA # 111000614, A/C 00100151217.
 Please email remittance advices to: ARCCASHAPPLICATION@BAKERHUGHES.COM