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 # 34047
Name: Ron-Bob Oil LLC
Address 1: 1607 MAIN ST.
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Chriestenson
Phone: (620) 365-0919
Lease Name: WOLFE
Well Number: 13-B

API No.: 15-207-21541-00-01
Permit No: E24747.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - NE Sec. 24 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
2400 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 350 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	930	250			31
February	840	250			28
March	930	250			31
April	900	250			30
May	930	250			31
June	900	250			30
July	930	250			31
August	930	250			31
September	900	250			30
October	930	250			31
November	900	250			30
December	930	250			31
TOTAL	10950		0		

Submitted Electronically