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: JESSE MIDDAGH
Phone: ( 618 ) 943-2227
Lease Name: WALKER SWD
Well Number: 9 SWD

API No.: 15-163-22715-00-00
Permit No: D23902.0
Reporting Year: 2022
*(January 1 to December 31)*

SE - SE - NW - SE Sec. 19 Twp. 7 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
1369 feet from ☐ N / ☑ S Line of Section
1535 feet from ☑ E / ☐ W Line of Section
County: Rooks

**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,REAGAN
Maximum Authorized Injection Rate: 7500 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 | 88816 | 0 | | | 31 |
| February | 81187 | 0 | | | 28 |
| March | 90760 | 0 | | | 31 |
| April | 85954 | 0 | | | 30 |
| May | 85527 | 0 | | | 31 |
| June | 86198 | 0 | | | 30 |
| July | 88961 | 0 | | | 31 |
| August | 91090 | 0 | | | 31 |
| September | 87247 | 0 | | | 30 |
| October | 86057 | 0 | | | 31 |
| November | 91942 | 0 | | | 30 |
| December | 96460 | 0 | | | 31 |
| ***TOTAL*** | 1060199 | | 0 | | |

Submitted Electronically