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 # 32000
Name: ALB, INC.
Address 1: PO BOX 173
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0173
Contact Person: Craig Biggs
Phone: (620) 793-3443
Lease Name: STOLZ
Well Number: 1

API No.: 15-009-21052-00-02
Permit No: E21266.1
Reporting Year: 2022
(January 1 to December 31)

____ - SE - NE - NE Sec. 13 Twp. 20 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4236 feet from ☐ N / ☑ S Line of Section
421 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 1500 psi Injection Zone: TORONTO, DOUGLAS, LANSING
Maximum Authorized Injection Rate: 1000 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	3875	450	0		31
February	3500	450	0		28
March	3875	450	0		31
April	3750	450	0		30
May	3875	450	0		31
June	3750	450	0		30
July	3875	450	0		31
August	3875	450	0		31
September	3750	450	0		30
October	3875	450	0		31
November	3750	450	0		30
December	3875	450	0		31
TOTAL	45625		0		

Submitted Electronically