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: CHEEK A
Well Number: 1

API No.: 15-071-20304-00-02
Permit No: E26799.10
Reporting Year: 2022
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 11 Twp. 16 S. R. 43 ☐ E ☑ W
*(Q/Q/Q/Q)*
2286 feet from ☐ N / ☑ S Line of Section
2976 feet from ☑ E / ☐ W Line of Section
County: Greeley

**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: 2000 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 600 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 | 75 | 980 | | | 1 |
| April | 0 | 0 | | | 0 |
| May | 0 | 0 | | | 0 |
| June | 75 | 1180 | | | 1 |
| July | 0 | 0 | | | 0 |
| August | 0 | 0 | | | 0 |
| September | 75 | 1450 | | | 1 |
| October | 0 | 0 | | | 0 |
| November | 0 | 0 | | | 0 |
| December | 0 | 0 | | | 0 |
| ***TOTAL*** | 225 | | 0 | | |

Submitted Electronically