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 # 32781
Name: Roberts Resources, Inc.
Address 1: PO BOX 75187
Address 2:
City: WICHITA State: KS Zip: 67275 + 5187
Contact Person: Kent Roberts
Phone: ( 316 ) 215-1683
Lease Name: LARSON "C"
Well Number: 1-4

API No.: 15-007-21557-00-02
Permit No: D30143.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - ____ - NE - NW Sec. 4 Twp. 32 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
4706 feet from ☐ N / ☑ S Line of Section
3298 feet from ☑ E / ☐ W Line of Section
County: Barber

**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
Maximum Authorized Injection Rate: 10000 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 | 14290 | 0 | | | 31 |
| February | 12908 | 0 | | | 28 |
| March | 14290 | 0 | | | 31 |
| April | 13830 | 0 | | | 30 |
| May | 14290 | 0 | | | 31 |
| June | 13830 | 0 | | | 30 |
| July | 14290 | 0 | | | 31 |
| August | 14290 | 0 | | | 31 |
| September | 13830 | 0 | | | 30 |
| October | 14290 | 0 | | | 31 |
| November | 10800 | 0 | | | 30 |
| December | 13690 | 0 | | | 31 |
| ***TOTAL*** | 164628 | | 0 | | |

Submitted Electronically