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: ROBERT BELL SWD
Well Number: 2

API No.: 15-145-20831-00-00
Permit No: D20244.0
Reporting Year: 2023
(January 1 to December 31)

____ - E2 - NE - NE Sec. 34 Twp. 21 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4535 feet from ☐ N / ☑ S Line of Section
320 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: 1000 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 20000 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	84196	-28			31
February	78250	-28			28
March	84320	-28			31
April	81600	-28			30
May	84320	-26			31
June	81600	-26			30
July	84320	-28			31
August	84320	-28			31
September	81600	-26			30
October	81210	-28			31
November	80270	-28			30
December	84320	-28			31
TOTAL	990326		0		

Submitted Electronically