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: WITT B
Well Number: 1

API No.: 15-071-20588-00-01
Permit No: E27144.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 2 Twp. 18 S. R. 43 ☐ E ☑ W
*(Q/Q/Q/Q)*
1998 feet from ☐ N / ☑ S Line of Section
3009 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: 700 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 | |
| March | | | 0 | 0 | 0 |
| April | | | 0 | 0 | 0 |
| May | | | 0 | 0 | 0 |
| June | | | 0 | 0 | 0 |
| July | | | 0 | 0 | 0 |
| August | | | 0 | 0 | 0 |
| September | | | 0 | 0 | 0 |
| October | | | 0 | 0 | 0 |
| November | | | 0 | 0 | 0 |
| December | | | 0 | 0 | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically