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 # 6044
Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N WATERFRONT PKWY STE 200
Address 2:
City: WICHITA State: KS Zip: 67206 + 6602
Contact Person: Tyson Dilka
Phone: ( 316 ) 264-8378
Lease Name: LONG FAMILY PARTNERSHIP LP
Well Number: 12-28-1831

API No.: 15-171-20677-00-01
Permit No: D30550.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - ____ - NW - SW Sec. 28 Twp. 18 S. R. 31 ☐ E ☑ W
*(Q/Q/Q/Q)*
1980 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Scott

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 3538 | 0 | 0 | 0 | 31 |
| February | 3188 | 0 | 0 | 0 | 28 |
| March | 3124 | 0 | 0 | 0 | 31 |
| April | 3062 | 0 | 0 | 0 | 30 |
| May | 3206 | 0 | 0 | 0 | 31 |
| June | 3075 | 0 | 0 | 0 | 30 |
| July | 3302 | 0 | 0 | 0 | 31 |
| August | 3452 | 0 | 0 | 0 | 31 |
| September | 3363 | 0 | 0 | 0 | 30 |
| October | 3516 | 0 | 0 | 0 | 31 |
| November | 3439 | 0 | 0 | 0 | 30 |
| December | 3408 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 39673 | | 0 | | |

Submitted Electronically