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 # 34047
Name: Ron-Bob Oil LLC
Address 1: 1607 MAIN ST.
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: ROBERT CHRIESTENSON
Phone: (620) 365-0919
Lease Name: SULLIVAN
Well Number: 39

API No.: 15-207-25785-00-00
Permit No: E25309.12
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SE - SW Sec. 32 Twp. 23 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
642 feet from ☐ N / ☑ S Line of Section
3291 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 13 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	310	300			31
February	280	300			28
March	310	300			31
April	300	300			30
May	310	300			31
June	300	300			30
July	310	300			31
August	310	300			31
September	300	300			30
October	310	300			31
November	300	300			30
December	310	300			31
TOTAL	3650		0		

Submitted Electronically