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 # 33904
Name: Sauder Oil Co., LLC
Address 1: Box 365
Address 2:
City: MADISON State: KS Zip: 66860 + 0365
Contact Person: Kelly Barnard
Phone: (620) 437-2288
Lease Name: WARREN
Well Number: I-4

API No.: 15-073-23783-00-00
Permit No: E13840.3
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - NW Sec. 6 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2716 feet from ☐ N / ☑ S Line of Section
5120 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: BARTLESVILLE

Maximum Authorized Injection Rate: 250 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	7750	250	0	0	31
February	7000	250	0	0	28
March	7750	250	0	0	31
April	7500	250	0	0	30
May	7750	250	0	0	31
June	7500	250	0	0	30
July	7750	250	0	0	31
August	7750	250	0	0	31
September	7500	250	0	0	30
October	7750	250	0	0	31
November	7500	250	0	0	30
December	7750	250	0	0	31
TOTAL	91250		0		

Submitted Electronically