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 # 6037
Name: Staab Oil Co., a General Partnership
Address 1: 1607 HOPEWELL RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9443
Contact Person: Frank Staab
Phone: ( 785 ) 625-5013
Lease Name: HERMAN
Well Number: 6

API No.: 15-065-01030-00-02
Permit No: D30617.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - ____ - NW - SW Sec. 9 Twp. 10 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
1976 feet from ☐ N / ☑ S Line of Section
4659 feet from ☑ E / ☐ W Line of Section
County: Graham

**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: ____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 36 | | | | 30 |
| February | 34 | | | | 28 |
| March | 39 | | | | 31 |
| April | 35 | | | | 30 |
| May | 34 | | | | 31 |
| June | 38 | | | | 30 |
| July | 34 | | | | 31 |
| August | 37 | | | | 31 |
| September | 39 | | | | 30 |
| October | 36 | | | | 31 |
| November | 37 | | | | 30 |
| December | 39 | | | | 31 |
| ***TOTAL*** | 438 | | 0 | | |

Submitted Electronically