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 # 32408
Name: Bob's Oil Service, Inc.
Address 1: 504 N MAIN ST
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 1439
Contact Person: Donna Long
Phone: (620) 564-3070
Lease Name: SIEKER SWD
Well Number: 1

API No.: 15-009-21844-00-02
Permit No: D26497.0
Reporting Year: 2024
(January 1 to December 31)

NE - NW - NW - NW Sec. 35 Twp. 19 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4968 feet from ☐ N / ☑ S Line of Section
4943 feet from ☑ E / ☐ W Line of Section
County: Barton

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: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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	9960	0	0		31
February	12415	0	0		29
March	12320	0	0		31
April	13840	0	0		30
May	15360	0	0		31
June	11660	0	0		30
July	11520	0	0		31
August	11200	0	0		31
September	10560	0	0		30
October	10640	0	0		31
November	9600	0	0		30
December	11520	0	0		31
TOTAL	140595		0		

Submitted Electronically