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 # 3273
Name: Herman L. Loeb, LLC
Address 1: PO BOX 838
Address 2:
City: LAWRENCEVILLE State: IL Zip: 62439 + 0838
Contact Person: Jesse Middagh
Phone: ( 618 ) 943-2227
Lease Name: LOHMANN
Well Number: 8-A

API No.: 15-007-21114-00-00
Permit No: D20126.0
Reporting Year: 2024
*(January 1 to December 31)*

____ - SW - NW - SW Sec. 3 Twp. 35 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
1839 feet from ☐ N / ☑ S Line of Section
4812 feet from ☑ E / ☐ W Line of Section
County: Barber

**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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 775 | | | | 31 |
| February | 754 | | | | 29 |
| March | 837 | | | | 31 |
| April | 720 | | | | 30 |
| May | 850 | | | | 31 |
| June | 840 | | | | 30 |
| July | 744 | | | | 31 |
| August | 802 | | | | 31 |
| September | 835 | | | | 30 |
| October | 820 | | | | 31 |
| November | 879 | | | | 30 |
| December | 900 | | | | 31 |
| ***TOTAL*** | 9756 | | 0 | | |

Submitted Electronically