

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: 211 W 16TH ST
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 + 3000
Contact Person: RONALD GERMAN
Phone: (620) 363-1350
Lease Name: MENTZER
Well Number: 5

API No.: 15-001-25730-00-00
Permit No: D22283.0
Reporting Year: 2024
(January 1 to December 31)
____ - NW - NE - SW Sec. 2 Twp. 24 S. R. 17 ☒ E ☐ W
(a/a/a/a)
2462 feet from ☐ N / ☒ S Line of Section
3511 feet from ☒ E / ☐ W Line of Section
County: Allen

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: 176 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 105 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	<u>100</u>	_____	_____	_____	<u>31</u>
	February	<u>85</u>	_____	_____	_____	<u>28</u>
	March	<u>120</u>	_____	_____	_____	<u>31</u>
	April	<u>112</u>	_____	_____	_____	<u>30</u>
	May	<u>132</u>	_____	_____	_____	<u>31</u>
	June	<u>101</u>	_____	_____	_____	<u>30</u>
	July	<u>123</u>	_____	_____	_____	<u>31</u>
	August	<u>127</u>	_____	_____	_____	<u>31</u>
	September	<u>145</u>	_____	_____	_____	<u>30</u>
	October	<u>131</u>	_____	_____	_____	<u>31</u>
	November	<u>138</u>	_____	_____	_____	<u>30</u>
	December	<u>136</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>1450</u>	_____	<u>0</u>	_____	_____

Submitted Electronically