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: NELSON
Well Number: 34

API No.: 15-207-27075-00-00
Permit No: D28898.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SE Sec. 3 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2115 feet from ☐ N / ☑ S Line of Section
1123 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 300 psi Injection Zone: ARBUCKLE
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	82				31
February	80				28
March	84				31
April	85				30
May	79				31
June	77				30
July	81				31
August	79				31
September	71				24
October	74				31
November	80				30
December	86				31
TOTAL	958		0		

Submitted Electronically