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 # 6044
Name: Stelbar Oil Corporation, Inc.
Address 1: 1625 N WATERFRONT PKWY STE 200
Address 2:
City: WICHITA State: KS Zip: 67206 + 6602
Contact Person: Tyson Dilka
Phone: (316) 264-8378
Lease Name: DEARDEN
Well Number: 7B-18-1931

API No.: 15-171-20684-00-02
Permit No: D30832.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SW - NE Sec. 18 Twp. 19 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3640 feet from ☐ N / ☑ S Line of Section
2313 feet from ☑ E / ☐ W Line of Section
County: Scott

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: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	62	0	0	0	31
February	0	0	0	0	29
March	0	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	62		0		

Submitted Electronically