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: HERB SCHMIDT
Well Number: 1

API No.: 15-051-24196-00-01
Permit No: D27136.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SW Sec. 34 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2377 feet from ☐ N / ☑ S Line of Section
3773 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 1000 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	5781	0			31
February	6361	0			29
March	6467	0			31
April	7172	0			30
May	7626	0			31
June	7120	0			30
July	7316	0			31
August	7306	0			31
September	7020	0			30
October	7254	0			31
November	7032	0			30
December	7471	0			31
TOTAL	83926		0		

Submitted Electronically