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: Shane Pelton
Phone: (620) 617-5870
Lease Name: ALBANO SWD
Well Number: 4-3

API No.: 15-185-13123-00-01
Permit No: D21765.0
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SE - NW Sec. 6 Twp. 25 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3037 feet from ☐ N / ☑ S Line of Section
3021 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 3100 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	630	-20			31
February	870	-15			29
March	930	-15			31
April	690	-20			30
May	930	-20			31
June	900	-20			30
July	930	-15			31
August	930	-15			31
September	900	-20			30
October	930	-21			31
November	900	-15			30
December	930	-21			31
TOTAL	10470		0		

Submitted Electronically