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 # 33904
Name: Sauder Oil Co., LLC
Address 1: BOX 365
Address 2:
City: MADISON State: KS Zip: 66860 + 0365
Contact Person: Kelly Barnard
Phone: (620) 4372288
Lease Name: SAUDER HEIRS
Well Number: 20

API No.: 15-073-19753-00-01
Permit No: D24631.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NW Sec. 3 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
4958 feet from ☐ N / ☑ S Line of Section
5008 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 800 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	20150	0	0	0	31
February	18200	0	0	0	28
March	20150	0	0	0	31
April	19500	0	0	0	30
May	20150	0	0	0	31
June	19500	0	0	0	30
July	20150	0	0	0	31
August	20150	0	0	0	31
September	19500	0	0	0	30
October	20150	0	0	0	31
November	19500	0	0	0	30
December	20150	0	0	0	31
TOTAL	237250		0		

Submitted Electronically