

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 # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Lease Name: \_\_\_\_\_  
Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_  
Permit No.: \_\_\_\_\_  
Reporting Year: \_\_\_\_\_  
(January 1 to December 31)  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W  
(a/a/a/a)  
\_\_\_\_\_ feet from  N /  S Line of Section  
\_\_\_\_\_ feet from  E /  W Line of Section  
County: \_\_\_\_\_

**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: \_\_\_\_\_ psi Injection Zone: \_\_\_\_\_  
Maximum Authorized Injection Rate: \_\_\_\_\_ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____



ORIGINAL NON-NEGOTIABLE  
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Baker Petrolite LLC  
36639 Hw 385  
WRAY CO 80758-9608  
USA

SHIP TO:  
For Product Information: Baker Petrolite 1-281-278-5400  
LOBO PRODUCTION INC  
SAINT FRANCIS AREA  
SAINT FRANCIS KS 67756-1000  
USA

ROUTE:

CUSTOMER NO. 40089156	BOL NO. 821782356
Sale ( X )	
RDT NO. 85922	SHIP DATE 14-NOV-2023
VEH NO.	FREIGHT TERMS Prepaid
COST CENTER 850185901	ACCOUNT NO. 500215
DELIVER THIS SHIPMENT ON 20-NOV-2023	

PRODUCT(S)	NO. OF UNITS	CONTAINER TYPE	DG	DESCRIPTION OF PRODUCT(S), SPECIAL MARKS, AND EXCEPTIONS	TOTAL QUANTITY (WEIGHT, VOLUME, GALLONS)
WCW1610-10	1	Drum	X UN 1993, FLAMMABLE LIQUID, N.O.S. (Methanol)	Class 3, PG III Emergency Response Code #: 128 Order/Line: 0112042049 / 001000 1.000 DRUM of WCW1610 COMBINATION INHIBITOR Customer PO: VERDAL API: 15023208090000 OBRIEN 3-31	488 LB

\*\*\*\*\*  
 \* GROSS WEIGHT: 488 LB \*  
 \* TARE WEIGHT: 23 LB \*  
 \* NET WEIGHT: 465 LB \*  
 \*\*\*\*\*



AUTH BY RICHARD  
DOT SP 11646



**Baker Petrolite LLC**

Date 17-Nov-2023

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**Bill-to Address**  
LOBO PRODUCTION INC  
2035 ROAD 68  
GOODLAND KS 67735-8917  
USA

**Ship-to Address**  
LOBO PRODUCTION INC  
SAINT FRANCIS AREA  
SAINT FRANCIS KS 67756-1000  
USA

**General Information**

**Amount Due:**  
Terms of Payment:  
Payment Due Date:  
Terms of Delivery:  
Mode of Transport:  
Product Line:  
Payer Number:

**Well Data**

Well Name: OBRIEN  
Well Number: 3-31  
State/Country: Kansas / USA  
County/Parish: CHEYENNE  
API/UWI No: 15023208090000

BHI Well Ref. No.: 60887119  
Field: 31-4S-41W  
Lease: OBRIEN 3-31

**Contact Information**

Baker Petrolite LLC  
12645 West Airport Blvd.  
SUGAR LAND TX 77478  
USA  
Contact: Donna Seyfert Email ID: Do  
Tel: 620-792-2137

AUTH BY RICHARD

Item	Material	Description	Quantity
<b>Order: 112042049 from 14-Nov-2023</b>			
<b>Delivery note: 821782356 from 16-Nov-2023</b>			
<b>Purch. order no.: VERBAL from 14-Nov-2023</b>			
000010	WCW1610-10	WCW1610 COMBINATION INHIBITOR	1 DRM (55 GAL)
	Sale Price		
	SURCHARGE		
	Net Value for Item		

Total Sales  
Total Adjustments  
Sub Total  
Final Amount (USD)

**FRAUD ALERT - IF YOU RECEIVE NOTIFICATION THAT OUR BANK DETAILS HAVE CHANGED, CONTACT US IMMEDIATELY BEFORE SENDING FUNDS**

In the absence of an applicable master service agreement, the terms and conditions governing this sale can be accessed here: [www.bakerhughes.com/c](http://www.bakerhughes.com/c)

Please remit USD checks to: Baker Hughes, PO BOX 301057, Dallas, TX 75303-1057.  
Wire Transfers to: JP Morgan Chase Bank, ABA # 021000021 Swift Code: CHASUS33, A/C 00100002022.  
ACH payments to: JP Morgan Chase Bank, ABA # 111000614, A/C 00100151217.  
Please email remittance advices to: ARCCASHAPPLICATION@BAKERHUGHES.COM

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