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 # 6037
Name: Staab Oil Co., a General Partnership
Address 1: 1607 HOPEWELL RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9443
Contact Person: Frank Staab
Phone: (785) 625-5013
Lease Name: KARLIN SWD
Well Number: 1

API No.: 15-051-04635-00-01
Permit No: D19379.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - NE Sec. 29 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3636 feet from ☐ N / ☑ S Line of Section
1080 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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	13250				31
February	13500				28
March	13500				31
April	13400				30
May	13500				31
June	13450				30
July	13450				31
August	13350				31
September	13400				30
October	13400				31
November	13500				30
December	13450				31
TOTAL	161150		0		

Submitted Electronically