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 # 31979
Name: Heller, Phillip & Charlene
Address 1: 5275 E HIGHWAY 163
Address 2:
City: COLUMBIA State: MO Zip: 65201 + 9567
Contact Person: Phillip Heller
Phone: (573) 474-2419
Lease Name: FOBIAN
Well Number: 13

API No.: 15-125-02319-00-01
Permit No: E24524.2
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - NE Sec. 5 Twp. 35 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3250 feet from ☐ N / ☑ S Line of Section
2601 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 400 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	0				0
February	0				0
March	900				15
April	1200				30
May	1500				31
June	1200				30
July	1200				31
August	1000				31
September	200				10
October	0				0
November	0				0
December	0				
TOTAL	7200		0		

Submitted Electronically