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: HUBER
Well Number: 3

API No.: 15-073-23168-00-01
Permit No: E23430.1
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - NE Sec. 27 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3329 feet from ☐ N / ☑ S Line of Section
2455 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: 800 psi Injection Zone: BARTLESVILLE

Maximum Authorized Injection Rate: 2000 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	15505	650	0	0	31
February	14000	650	0	0	28
March	15515	650	0	0	31
April	15000	650	0	0	30
May	15509	650	0	0	31
June	15000	650	0	0	30
July	15500	650	0	0	31
August	15520	650	0	0	31
September	15002	650	0	0	30
October	15500	650	0	0	31
November	15000	650	0	0	30
December	15511	650	0	0	31
TOTAL	182562		0		

Submitted Electronically