1287171

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 # 34674
Name: H & D Exploration LLC
Address 1: 165 WEST 1ST
Address 2: PO BOX 387
City: HOISINGTON State: KS Zip: 67544 + ___ ___ ___ ___
Contact Person: Lesli Stuteville
Phone: ( 620 ) 653-4791
Lease Name: ANNa JANNE OWWO
Well Number: 2

API No.: 15-167-19274-00-02
Permit No: E25238.1
Reporting Year: 2015
*(January 1 to December 31)*

___ - SE - SE - SE Sec. 27 Twp. 15 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
333 feet from ☐ N / ☑ S Line of Section
433 feet from ☑ E / ☐ W Line of Section
County: Russell

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 300 psi Injection Zone: Topeka
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 | 2325 | 0 | 0 | | 31 |
| February | 2100 | 0 | 0 | | 28 |
| March | 2325 | 0 | 0 | | 31 |
| April | 2250 | 0 | 0 | | 30 |
| May | 2325 | 0 | 0 | | 31 |
| June | 2250 | 0 | 0 | | 30 |
| July | 2325 | 0 | 0 | | 31 |
| August | 2325 | 0 | 0 | | 31 |
| September | 2250 | 0 | 0 | | 30 |
| October | 2325 | 0 | 0 | | 31 |
| November | 2250 | 0 | 0 | | 30 |
| December | 2325 | 0 | 0 | | 31 |
| ***TOTAL*** | 27375 | | 0 | | |

Submitted Electronically