1290348

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 # 35061
Name: Honey Well, LLC
Address 1: 1707 E. CEDAR ST.,
Address 2: SUITE 107
City: OLATHE State: KS Zip: 66062 + __ __ __ __
Contact Person: Lesli Stuteville
Phone: (913) 544-5121
Lease Name: BRISTOW
Well Number: I-17

API No.: 15-121-29847-00-00
Permit No: E25289.14
Reporting Year: 2015
(January 1 to December 31)

NE - SW - NW - NE Sec. 27 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3820 feet from ☐ N / ☑ S Line of Section
2237 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 240 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 30 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	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	150	225	0		15
September	300	225	0		30
October	310	225	0		31
November	300	225	0		30
December	310	225	0		31
TOTAL	1370		0		

Submitted Electronically