1290363

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: KALB LESTER
Well Number: I-7

API No.: 15-045-20658-00-00
Permit No: E23292.7
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NW - SW Sec. 1 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
1586 feet from ☐ N / ☑ S Line of Section
2294 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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	310	550	0		31
February	280	550	0		28
March	310	550	0		31
April	300	550	0		30
May	310	550	0		31
June	300	550	0		30
July	310	550	0		31
August	310	550	0		31
September	300	550	0		30
October	310	550	0		31
November	300	550	0		30
December	310	550	0		31
TOTAL	3650		0		

Submitted Electronically