1345304

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 # 35258
Name: HPH Kansas LLC
Address 1: 555 NORTH POINT CENTER E
Address 2: SUITE 400
City: ALPHARETTA State: GA Zip: 30022 + ___ ___ ___ ___
Contact Person: Karl Hesse
Phone: (678) 291-9554
Lease Name: VAN CAMP
Well Number: I 1

API No.: 15-205-19687-00-00
Permit No: E08283.2
Reporting Year: 2016
(January 1 to December 31)

____ - NW - SE - SW Sec. 27 Twp. 29 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 250 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	175	300	0		31
February	0		0		
March	0		0		
April	0		0		
May	150	300	0		31
June	150	300	0		30
July	150	300	0		31
August	175	300	0		31
September	175	300	0		30
October	175	300	0		31
November	175	300	0		30
December	175	300	0		31
TOTAL	1500		0		

Submitted Electronically