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 # 34817
Name: HB Energy LLC
Address 1: 3137 VIRGINIA RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Isaac Burbank
Phone: ( 785 ) 979-9493
Lease Name: VOIGTS A
Well Number: 15

API No.: 15-091-21195-00-01
Permit No: E24435.9
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - NE - NE Sec. 8 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4121 feet from ☐ N / ☑ S Line of Section
1083 feet from ☑ E / ☐ W Line of Section
County: Johnson

**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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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 | 349 | 300 | 0 | | 31 |
| September | 346 | 300 | 0 | | 30 |
| October | 358 | 300 | 0 | | 31 |
| November | 347 | 300 | 0 | | 30 |
| December | 346 | 300 | 0 | | 31 |
| ***TOTAL*** | 1746 | | 0 | | |

Submitted Electronically