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: Clay Hughes
Phone: ( 785 ) 979-9493
Lease Name: WEST EVANS
Well Number: 10

API No.: 15-059-22372-00-01
Permit No: E22147.3
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - NE - SE Sec. 12 Twp. 17 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
2298 feet from ☐ N / ☑ S Line of Section
1012 feet from ☑ E / ☐ W Line of Section
County: Franklin

**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: 500 psi Injection Zone: SQUIRREL SAND
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 | 285 | 300 | 0 | | 31 |
| February | 150 | 300 | 0 | | 28 |
| March | 431 | 300 | 0 | | 31 |
| April | 421 | 300 | 0 | | 30 |
| May | 419 | 300 | 0 | | 31 |
| June | 336 | 300 | 0 | | 30 |
| July | 279 | 300 | 0 | | 31 |
| August | 363 | 300 | 0 | | 31 |
| September | 295 | 300 | 0 | | 30 |
| October | 257 | 300 | 0 | | 31 |
| November | 396 | 300 | 0 | | 30 |
| December | 383 | 300 | 0 | | 31 |
| ***TOTAL*** | 4015 | | 0 | | |

Submitted Electronically