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: WW 2

API No.: 15-059-23234-00-00
Permit No: E22147.2
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - SE Sec. 12 Twp. 17 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2276 feet from ☐ N / ☑ S Line of Section
1850 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	402	300	0		31
February	390	300	0		28
March	314	300	0		31
April	379	300	0		30
May	307	300	0		31
June	45	300	0		30
July	255	300	0		31
August	305	300	0		31
September	295	300	0		30
October	362	300	0		31
November	334	300	0		30
December	163	300	0		31
TOTAL	3551		0		

Submitted Electronically