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 # 33864
Name: Habit Petroleum, LLC
Address 1: 639 280TH AVE
Address 2: PO BOX 243
City: HAYS State: KS Zip: 67601 + 9530
Contact Person: Irvin E Haselhorst
Phone: (785) 623-1154
Lease Name: GEORGE JACOBS
Well Number: 2-SWD

API No.: 15-051-24056-00-00
Permit No: D23719.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NE Sec. 35 Twp. 15 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4307 feet from ☐ N / ☑ S Line of Section
1050 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 60 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	960	0	0		31
February	960	0	0		28
March	0		0		
April	0		0		
May	960	0	0		31
June	960	0	0		30
July	960	0	0		31
August	0		0		
September	0		0		
October	960	0	0		31
November	0		0		
December	960	0	0		31
TOTAL	6720		0		

Submitted Electronically