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 # 31458
Name: HJ, Inc.
Address 1: 330 INDUSTRIAL DR
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + __ __ __ __
Contact Person: KENNY LANG
Phone: ( 620 ) 275-2005
Lease Name: O A REIMELT
Well Number: 1

API No.: 15-081-00578-00-01
Permit No: D26025.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 23 Twp. 28 S. R. 32 ☐ E ☑ W
*(Q/Q/Q/Q)*
2198 feet from ☐ N / ☑ S Line of Section
2986 feet from ☑ E / ☐ W Line of Section
County: Haskell

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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 | 1119 | | | | 31 |
| February | 630 | | | | 28 |
| March | 662 | | | | 31 |
| April | 157 | | | | 30 |
| May | 0 | | | | |
| June | 960 | | | | 30 |
| July | 0 | | | | |
| August | 960 | | | | 31 |
| September | 2255 | | | | 30 |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 6743 | | 0 | | |

Submitted Electronically