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 + 9103
Contact Person: isaac burbank
Phone: (785) 979-9493
Lease Name: VOIGTS
Well Number: 94

API No.: 15-091-23276-00-00
Permit No: E24435.34
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NW - SE Sec. 8 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1697 feet from ☐ N / ☑ S Line of Section
2154 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		0
February	0		0		0
March	0		0		0
April	0		0		0
May	0		0		0
June	0		0		0
July	0		0		0
August	0		0		0
September	0		0		0
October	0		0		0
November	0		0		0
December	0		0		0
TOTAL	0		0		

Submitted Electronically