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 # 35061
Name: Honey Well, LLC
Address 1: 15621 W 87TH ST. PKWY
Address 2:
City: LENEXA State: KS Zip: 66219 + 1435
Contact Person: Lesli Baker
Phone: (913) 544-5121
Lease Name: KALB LESTER
Well Number: I-5

API No.: 15-045-20673-00-00
Permit No: E23292.5
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - NW Sec. 1 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
935 feet from ☐ N / ☑ S Line of Section
2015 feet from ☑ E / ☐ W Line of Section
County: Douglas

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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	241	550	0	0	31
February	221	550	0	0	28
March	247	550	0	0	31
April	231	550	0	0	30
May	246	550	0	0	31
June	236	550	0	0	30
July	242	550	0	0	31
August	242	550	0	0	31
September	234	550	0	0	30
October	236	550	0	0	31
November	238	550	0	0	30
December	240	550	0	0	31
TOTAL	2854		0		

Submitted Electronically