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: VOIGHTS
Well Number: 89

API No.: 15-091-23267-00-01
Permit No: E33063.33
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - NE - SE Sec. 8 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
1696 feet from ☐ N / ☑ S Line of Section
330 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 | 102 | 300 | 0 | | 31 |
| November | 105 | 300 | 0 | | 30 |
| December | 113 | 300 | 0 | | 31 |
| ***TOTAL*** | 320 | | 0 | | |

Submitted Electronically