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 # 33640
Name: Haas Petroleum, LLC
Address 1: 8900 STATE LINE RD STE 330
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 1936
Contact Person: Mark Haas
Phone: (913) 499-8373
Lease Name: CASEY
Well Number: 2

API No.: 15-163-21828-00-01
Permit No: D31207.0
Reporting Year: 2019
(January 1 to December 31)

____ - N2 - N2 - SW Sec. 33 Twp. 9 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 2500 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	11594	0	0	0	31
February	11220	0	0	0	28
March	11594	0	0	0	31
April	11220	0	0	0	30
May	5797	0	0	0	15
June					
July					
August					
September					
October					
November					
December					
TOTAL	51425		0		

Submitted Electronically