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: OSWALD B
Well Number: 16

API No.: 15-051-23245-00-01
Permit No: E23694.8
Reporting Year: 2019
*(January 1 to December 31)*

____ - NW - NW - SE Sec. 11 Twp. 12 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
2230 feet from ☐ N / ☑ S Line of Section
2348 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 1200 psi Injection Zone: TOPEKA,ARBUCKLE,LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 600 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 | 3528 | 1200 | 0 | 0 | 31 |
| February | 3780 | 1200 | 0 | 0 | 28 |
| March | 3906 | 1200 | 0 | 0 | 31 |
| April | 3780 | 1200 | 0 | 0 | 30 |
| May | 3906 | 1200 | 0 | 0 | 15 |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 18900 | | 0 | | |

Submitted Electronically