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: ORSER
Well Number: B 4 (25

API No.: 15-059-23569-00-00
Permit No: E23589.7
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - NW Sec. 8 Twp. 18 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4268 feet from ☐ N / ☑ S Line of Section
3028 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 150 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	336	600			31
February	341	600			28
March	338	600			31
April	220	600			15
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	1235		0		

Submitted Electronically