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: Julie Barber
Phone: (913) 499-8373
Lease Name: MACLASKEY A
Well Number: SI 2

API No.: 15-207-19741-00-00
Permit No: E07103.3
Reporting Year: 2019
(January 1 to December 31)

SE - SE - NW - ____ Sec. 29 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
2740 feet from ☐ N / ☑ S Line of Section
2665 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: Biocide
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 1000 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	6019	600	0	0	31
February	6011	600	0	0	28
March	6018	600	0	0	31
April	6117	600	0	0	30
May	6016	600	0	0	31
June	6032	600	0	0	30
July	6116	600	0	0	31
August	6091	600	0	0	31
September	5834	600	0	0	30
October	6043	600	0	0	31
November	6022	600	0	0	30
December	5919	600	0	0	31
TOTAL	72238		0		

Submitted Electronically