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: TOMSON
Well Number: 1-30 SWD

API No.: 15-001-29007-00-00
Permit No: D28199.0
Reporting Year: 2019
(January 1 to December 31)

SE - SE - SE - NE Sec. 30 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
2805 feet from ☐ N / ☑ S Line of Section
165 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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	2432	300	0	0	31
February	2153	300	0	0	28
March	2316	300	0	0	31
April	2400	300	0	0	30
May	2303	300	0	0	31
June	2253	300	0	0	30
July	2479	300	0	0	31
August	2362	300	0	0	31
September	2116	300	0	0	30
October	2298	300	0	0	31
November	2304	300	0	0	30
December	2379	300	0	0	31
TOTAL	27795		0		

Submitted Electronically