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: THOMSEN B
Well Number: 8

API No.: 15-031-20493-00-00
Permit No: D18089.0
Reporting Year: 2019
(January 1 to December 31)

NE - NW - NE - ____ Sec. 10 Twp. 21 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 50 psi Injection Zone: Arbuckle
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	4001	50	0	0	31
February	4085	50	0	0	28
March	4092	50	0	0	31
April	4088	50	0	0	30
May	4112	50	0	0	31
June	4097	50	0	0	30
July	4081	50	0	0	31
August	4075	50	0	0	31
September	4089	50	0	0	30
October	4107	50	0	0	31
November	4097	50	0	0	30
December	4101	50	0	0	31
TOTAL	49025		0		

Submitted Electronically