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: CHANDLER
Well Number: 3I HP

API No.: 15-121-30901-00-00
Permit No: E24853.5
Reporting Year: 2019
*(January 1 to December 31)*

SW - SE - NW - SW Sec. 13 Twp. 16 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1530 feet from ☐ N / ☑ S Line of Section
4350 feet from ☑ E / ☐ W Line of Section
County: Miami

**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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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 | 1068 | 500 | 0 | 0 | 31 |
| February | 1053 | 500 | 0 | 0 | 28 |
| March | 1069 | 500 | 0 | 0 | 31 |
| April | 970 | 500 | 0 | 0 | 30 |
| May | 962 | 500 | 0 | 0 | 31 |
| June | 979 | 500 | 0 | 0 | 30 |
| July | 1064 | 500 | 0 | 0 | 31 |
| August | 961 | 500 | 0 | 0 | 31 |
| September | 1068 | 500 | 0 | 0 | 30 |
| October | 965 | 500 | 0 | 0 | 31 |
| November | 1067 | 500 | 0 | 0 | 30 |
| December | 1051 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 12277 | | 0 | | |

Submitted Electronically