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: CARTER A
Well Number: 4-E

API No.: 15-059-24697-00-00
Permit No: E05419.24
Reporting Year: 2019
*(January 1 to December 31)*

NE - SE - NW - ____ Sec. 17 Twp. 18 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3499 feet from ☐ N / ☑ S Line of Section
2721 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: Biocide
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 125 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 | 281 | 500 | 0 | 0 | 31 |
| February | 290 | 500 | 0 | 0 | 28 |
| March | 353 | 500 | 0 | 0 | 31 |
| April | 381 | 500 | 0 | 0 | 30 |
| May | 246 | 500 | 0 | 0 | 31 |
| June | 336 | 500 | 0 | 0 | 30 |
| July | 414 | 500 | 0 | 0 | 31 |
| August | 183 | 500 | 0 | 0 | 31 |
| September | 543 | 500 | 0 | 0 | 30 |
| October | 509 | 500 | 0 | 0 | 31 |
| November | 284 | 500 | 0 | 0 | 30 |
| December | 504 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 4324 | | 0 | | |

Submitted Electronically