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 # 34045
Name: HAT Production LLC
Address 1: 12371 KS HWY 7
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 9325
Contact Person: Mike Thompson
Phone: (620) 224-0008
Lease Name: POST
Well Number: I-2

API No.: 15-011-24590-00-00
Permit No: E32452.3
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NE - SW Sec. 30 Twp. 23 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
1976 feet from ☐ N / ☑ S Line of Section
3640 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: _____ psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: _____ 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	75	75	0	0	5
December	435	75	0	0	29
TOTAL	510		0		

Submitted Electronically