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 # 32593
Name: Haffner, Dan
Address 1: RR 2 BOX 49
Address 2:
City: HOXIE State: KS Zip: 67740 + 0049
Contact Person: danhaffner
Phone: (785) 675-3740
Lease Name: HAFFNER
Well Number: 1

API No.: 15-179-21044-00-01
Permit No: E30885.1
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NE - NE Sec. 20 Twp. 9 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
4620 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: 800 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 500 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	3100				31
February	2800				28
March	3100				31
April	3000				30
May	3100				31
June	3000				30
July	3100				31
August	3100				31
September	3000				30
October	3100				31
November	3000				30
December	3100				31
TOTAL	36500		0		

Submitted Electronically