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 # 34817
Name: HB Energy LLC
Address 1: 3137 VIRGINIA RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 9103
Contact Person: Isaac Burbank
Phone: ( 785 ) 979-9493
Lease Name: NORTH GORDON
Well Number: 3 A

API No.: 15-091-22384-00-00
Permit No: E25897.3
Reporting Year: 2021
*(January 1 to December 31)*

____ - SE - SW - SE Sec. 19 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
473 feet from ☐ N / ☑ S Line of Section
1644 feet from ☑ E / ☐ W Line of Section
County: Johnson

**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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 90 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 | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | 369 | 300 | | | 31 |
| November | 335 | 300 | | | 30 |
| December | 378 | 300 | | | 31 |
| ***TOTAL*** | 1082 | | 0 | | |

Submitted Electronically