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 # 34674
Name: H & D Exploration LLC
Address 1: 165 WEST 1ST
Address 2: PO BOX 387
City: HOISINGTON State: KS Zip: 67544 + 0387
Contact Person: Ginny Axman
Phone: ( 620 ) 653-4791
Lease Name: DOONAN A SWD
Well Number: 2

API No.: 15-009-25779-00-02
Permit No: D32620.0
Reporting Year: 2021
*(January 1 to December 31)*

NW - NE - SE - NW Sec. 28 Twp. 18 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
3760 feet from ☐ N / ☑ S Line of Section
3046 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2500 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 | 3630 | 0 | 0 | 0 | 31 |
| February | 2420 | 0 | 0 | 0 | 28 |
| March | 3751 | 0 | 0 | 0 | 31 |
| April | 3630 | 0 | 0 | 0 | 30 |
| May | 3751 | 0 | 0 | 0 | 31 |
| June | 3630 | 0 | 0 | 0 | 30 |
| July | 3751 | 0 | 0 | 0 | 31 |
| August | 3751 | 0 | 0 | 0 | 31 |
| September | 3630 | 0 | 0 | 0 | 30 |
| October | 3751 | 0 | 0 | 0 | 31 |
| November | 3630 | 0 | 0 | 0 | 30 |
| December | 3751 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 43076 | | 0 | | |

Submitted Electronically