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 # 35375
Name: HD Well Services LLC
Address 1: 4260 TEXAS RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8796
Contact Person: Zac Devos
Phone: (913) 636-0067
Lease Name: LOWE
Well Number: 4 A

API No.: 15-121-27815-00-00
Permit No: E27807.4
Reporting Year: 2021
(January 1 to December 31)

SE - SE - NW - NE Sec. 30 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3988 feet from ☐ N / ☑ S Line of Section
1321 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 275 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 40 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	201				31
February	190				29
March	198				31
April	222				30
May	232				31
June	219				30
July	227				31
August	225				30
September	209				30
October	223				31
November	218				30
December	216				31
TOTAL	2580		0		

Submitted Electronically