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 # 5429
Name: Hayes Oil & Gas LLC
Address 1: 1081 W HWY 160
Address 2: PO BOX 108
City: ATTICA State: KS Zip: 67009 + 0108
Contact Person: Shayne G. Hayes
Phone: (620) 254-7204
Lease Name: UHL SWD
Well Number: 5-9

API No.: 15-033-20904-00-01
Permit No: D27170.0
Reporting Year: 2021
(January 1 to December 31)

____ - E2 - SW - NW Sec. 9 Twp. 31 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
3457 feet from ☐ N / ☑ S Line of Section
4435 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 300 psi Injection Zone: MARMATON,MISSISSIPPIAN
Maximum Authorized Injection Rate: 600 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	1860				31
February	1640				28
March	1860				31
April	1680				30
May	1860				31
June	1680				30
July	1860				31
August	1860				31
September	1680				30
October	1860				31
November	1680				30
December	1860				31
TOTAL	21380		0		

Submitted Electronically