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 Hayes
Phone: ( 620 ) 254-7204
Lease Name: WILLIAMS C D OWWO
Well Number: 4

API No.: 15-077-00120-00-01
Permit No: E21811.1
Reporting Year: 2022
*(January 1 to December 31)*

____ - NW - NW - SE Sec. 9 Twp. 35 S. R. 5 ☐ E ☑ W
*(Q/Q/Q/Q)*
2171 feet from ☐ N / ☑ S Line of Section
2145 feet from ☑ E / ☐ W Line of Section
County: Harper

**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: 450 psi Injection Zone: SIMPSON
Maximum Authorized Injection Rate: 2000 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 | 1740 | | | | 29 |
| March | 1860 | | | | 31 |
| April | 1800 | | | | 30 |
| May | 1860 | | | | 31 |
| June | 1800 | | | | 30 |
| July | 1860 | | | | 31 |
| August | 1860 | | | | 31 |
| September | 1800 | | | | 30 |
| October | 1860 | | | | 31 |
| November | 1800 | | | | 30 |
| December | 1860 | | | | 31 |
| ***TOTAL*** | 21960 | | 0 | | |

Submitted Electronically