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 # 33864
Name: Habit Petroleum, LLC
Address 1: 639 280TH AVE
Address 2: PO BOX 243
City: HAYS State: KS Zip: 67601 + 0243
Contact Person: Irvin E Haselhorst
Phone: (785) 6231154
Lease Name: LEIKER (TIEDAMANN)
Well Number: B-1

API No.: 15-051-25517-00-02
Permit No: D32838.0
Reporting Year: 2023
(January 1 to December 31)

____ - N2 - SW - SW Sec. 23 Twp. 15 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
996 feet from ☐ N / ☑ S Line of Section
4678 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 5000 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	619				31
February	559				28
March	619				31
April	615				30
May	620				31
June	621				30
July	622				31
August	622				31
September	600				30
October	618				31
November	600				30
December	619				31
TOTAL	7334		0		

Submitted Electronically