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 # 34817
Name: HB Energy LLC
Address 1: 3137 VIRGINIA RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 9103
Contact Person: isaac burbank
Phone: (785) 979-9493
Lease Name: NORTH GORDON
Well Number: 8 A

API No.: 15-091-22732-00-00
Permit No: E25897.8
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SE Sec. 19 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
937 feet from ☐ N / ☑ S Line of Section
763 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 90 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	402	300			31
February	407	300			28
March	433	300			31
April	433	300			30
May	477	300			31
June	411	300			30
July	415	300			31
August	417	300			31
September	405	300			30
October	411	300			31
November	407	300			30
December	415	300			31
TOTAL	5033		0		

Submitted Electronically