

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: STONE C
Well Number: 2

API No.: 15-007-01015-00-01
Permit No: D24948.0
Reporting Year: 2024
(January 1 to December 31)
SE - NE - SE Sec. 12 Twp. 32 S. R. 10 ☐ E ☒ W
(a/a/a/a)
1648 feet from ☐ N / ☒ S Line of Section
327 feet from ☒ E / ☐ W Line of Section
County: Barber

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: 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	<u>3355</u>				<u>31</u>
	February	<u>6934</u>				<u>28</u>
	March	<u>3763</u>				<u>31</u>
	April	<u>3355</u>				<u>30</u>
	May	<u>6740</u>				<u>31</u>
	June	<u>13465</u>				<u>30</u>
	July	<u>17335</u>				<u>31</u>
	August	<u>16000</u>				<u>31</u>
	September	<u>17335</u>				<u>30</u>
	October	<u>13420</u>				<u>31</u>
	November	<u>18789</u>				<u>30</u>
	December	<u>13420</u>				<u>31</u>
	TOTAL	<u>133911</u>		<u>0</u>		

Submitted Electronically