

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: WEST EVANS
Well Number: 10

API No.: 15-059-22372-00-01
Permit No: E22147.3
Reporting Year: 2025
(January 1 to December 31)
____ - NW - NE - SE Sec. 12 Twp. 17 S. R. 20 ☒ E ☐ W
(a/a/a/a)
2298 feet from ☐ N / ☒ S Line of Section
1012 feet from ☒ E / ☐ W Line of Section
County: Franklin

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 300 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>0</u>	<u>0</u>			<u>0</u>
	February					
	March					
	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically