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 # 35375
Name: HD Well Services LLC
Address 1: 4260 TEXAS RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8796
Contact Person: z
Phone: (913) 636-0067
Lease Name: LOWE
Well Number: 2A

API No.: 15-121-27517-00-00
Permit No: E27807.2
Reporting Year: 2025
(January 1 to December 31)

____ - NE - SW - NE Sec. 30 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3454 feet from ☐ N / ☑ S Line of Section
1250 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 275 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 40 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	220				31
February	200				28
March	195				31
April	225				30
May	250				31
June	195				30
July	200				31
August	250				31
September	200				30
October	250				31
November	225				30
December	275				31
TOTAL	2685		0		

Submitted Electronically