

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 # 36064
Name: H3 Oil & Gas
Address 1: 11340 SE WALSTEAD RD
Address 2: P.O. Box 150
City: SHARON State: KS Zip: 67138 + 9091
Contact Person: alyssa landwehr
Phone: (620) 680-0550
Lease Name: ADELHARDT SWD
Well Number: 1-7

API No.: 15-095-22183-00-00
Permit No.: D30389.0
Reporting Year: 2025
(January 1 to December 31)
NW - SE - SW - SW Sec. 7 Twp. 30 S. R. 8 ☐ E ☒ W
(a/a/a/a)
413 feet from ☐ N / ☒ S Line of Section
4400 feet from ☒ E / ☐ W Line of Section
County: Kingman

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: 2500 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>7065</u>				<u>31</u>
	February	<u>6650</u>				<u>28</u>
	March	<u>7100</u>				<u>31</u>
	April	<u>6800</u>				<u>30</u>
	May	<u>7200</u>				<u>31</u>
	June	<u>7200</u>				<u>30</u>
	July	<u>6650</u>				<u>31</u>
	August	<u>7010</u>				<u>31</u>
	September	<u>6500</u>				<u>30</u>
	October	<u>7065</u>				<u>31</u>
	November	<u>6065</u>				<u>30</u>
	December	<u>7069</u>				<u>31</u>
	TOTAL	<u>82374</u>		<u>0</u>		

Submitted Electronically