

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 # 33864
Name: Habit Petroleum, LLC
Address 1: 639 280TH AVE
Address 2: PO BOX 243
City: HAYS State: KS Zip: 67601 + 0243
Contact Person: Irvin E Haselhorst
Phone: (785) 6231154
Lease Name: GEORGE JACOBS
Well Number: 2-SWD

API No.: 15-051-24056-00-00
Permit No: D23719.0
Reporting Year: 2025
(January 1 to December 31)
SW - NE - NE Sec. 35 Twp. 15 S. R. 17 ☐ E ☒ W
(a/a/a/a)
4307 feet from ☐ N / ☒ S Line of Section
1050 feet from ☒ E / ☐ W Line of Section
County: Ellis

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: 60 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>991</u>				<u>31</u>
	February	<u>895</u>				<u>28</u>
	March	<u>900</u>				<u>31</u>
	April	<u>955</u>				<u>30</u>
	May	<u>995</u>				<u>31</u>
	June	<u>960</u>				<u>30</u>
	July	<u>989</u>				<u>31</u>
	August	<u>955</u>				<u>31</u>
	September	<u>954</u>				<u>30</u>
	October	<u>990</u>				<u>31</u>
	November	<u>958</u>				<u>30</u>
	December	<u>990</u>				<u>31</u>
	TOTAL	<u>11532</u>		<u>0</u>		

Submitted Electronically