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 # 35061
Name: Honey Well, LLC
Address 1: 15621 W 87TH ST. PKWY
Address 2:
City: LENEXA State: KS Zip: 66219 + 1435
Contact Person: Lesli Baker
Phone: ( 913 ) 544-5121
Lease Name: LESTER KALB
Well Number: I-17

API No.: 15-045-21404-00-00
Permit No: E23292.17
Reporting Year: 2018
*(January 1 to December 31)*

SE - SW - SW - NE Sec. 1 Twp. 15 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
533 feet from ☐ N / ☑ S Line of Section
2064 feet from ☑ E / ☐ W Line of Section
County: Douglas

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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 | 243 | 550 | 0 | 0 | 31 |
| February | 221 | 550 | 0 | 0 | 28 |
| March | 244 | 550 | 0 | 0 | 31 |
| April | 238 | 550 | 0 | 0 | 30 |
| May | 247 | 550 | 0 | 0 | 31 |
| June | 233 | 550 | 0 | 0 | 30 |
| July | 241 | 550 | 0 | 0 | 31 |
| August | 242 | 550 | 0 | 0 | 31 |
| September | 233 | 550 | 0 | 0 | 30 |
| October | 241 | 550 | 0 | 0 | 31 |
| November | 234 | 550 | 0 | 0 | 30 |
| December | 240 | 550 | 0 | 0 | 31 |
| ***TOTAL*** | 2857 | | 0 | | |

Submitted Electronically