1284195

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 # 34360
Name: EC Services, LLC
Address 1: PO BOX 142
Address 2:
City: WHITEWATER State: KS Zip: 67154 + __ __ __ __
Contact Person: Janel Burns
Phone: (316) 842-9894
Lease Name: HOFFMAN
Well Number: 6

API No.: 15-167-22515-00-00
Permit No: D24453.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NW - SE Sec. 26 Twp. 15 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	4216	0	0		31
February	3808	0	0		28
March	4216	0	0		31
April	4080	0	0		30
May	4216	0	0		31
June	4080	0	0		30
July	4216	0	0		31
August	4216	0	0		31
September	4080	0	0		30
October	4216	0	0		31
November	4080	0	0		30
December	4216	0	0		31
TOTAL	49640		0		

Submitted Electronically