KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1307439

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 # 35282
Name: Hoxie Tank, Inc.
Address 1: 9809 N. ROAD 30 W.
Address 2:
City: SELDEN State: KS Zip: 67757 + ____
Contact Person: Nick Kaus
Phone: (785) 386-4223
Lease Name: KUSKA J
Well Number: 1

API No.: 15-193-20398-00-01
Permit No: D25989.0
Reporting Year: 2015
(January 1 to December 31)

W2 (Q/Q/Q/Q) - SE - SE - SE Sec. 1 Twp. 10 S. R. 33 ☐ E ☑ W
383 feet from ☐ N / ☑ S Line of Section
432 feet from ☑ E / ☐ W Line of Section
County: Thomas

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1000 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically