1350020

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 # 32593
Name: Haffner, Dan
Address 1: RR 2 BOX 49
Address 2:
City: HOXIE State: KS Zip: 67740 + 9524
Contact Person: dan haffner
Phone: (785) 675-3740
Lease Name: HAFFNER
Well Number: 1

API No.: 15-179-21241-00-01
Permit No: D31421.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - NE - NE Sec. 18 Twp. 9 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
4204 feet from ☐ N / ☑ S Line of Section
808 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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	9300	0	0		31
February	8400	0	0		28
March	9300	0	0		31
April	9000	0	0		30
May	9300	0	0		31
June	9000	0	0		30
July	9300	0	0		31
August	9300	0	0		31
September	9000	0	0		30
October	9300	0	0		31
November	9000	0	0		30
December	9300	0	0		31
TOTAL	109500		0		

Submitted Electronically