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 # 6170
Name: Globe Operating, Inc.
Address 1: PO BOX 12
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0012
Contact Person: Richard Stalcup
Phone: (620) 792-7607
Lease Name: HOFFMAN
Well Number: 1

API No.: 15-185-20409-00-02
Permit No: D17388.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NW Sec. 22 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2976 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 5000 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	46500	0	0		31
February	42000	0	0		28
March	46500	0	0		31
April	45000	0	0		30
May	46500	0	0		31
June	45000	0	0		30
July	46500	0	0		31
August	46500	0	0		31
September	45000	0	0		30
October	46500	0	0		31
November	75000	0	0		30
December	77500	0	0		31
TOTAL	608500		0		

Submitted Electronically