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 # 30535
Name: Hartman Oil Co., Inc.
Address 1: 10500 E BERKELEY SQ PKWY STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + __ __ __ __
Contact Person: Catherine Hartman
Phone: (316) 636-2090
Lease Name: GOBLEMAN
Well Number: C1

API No.: 15-055-21873-00-00
Permit No: E28583.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - E2 Sec. 27 Twp. 21 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
1316 feet from ☐ N / ☑ S Line of Section
306 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 500 psi Injection Zone: St Louis
Maximum Authorized Injection Rate: 1500 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	21876	0	0		31
February	21622	0	0		28
March	23311	0	0		31
April	25810	0	0		30
May	26617	0	0		31
June	25065	0	0		30
July	23033	0	0		31
August	25706	0	0		31
September	25091	0	0		30
October	25932	0	0		31
November	35687	0	0		30
December	39737	0	0		31
TOTAL	319487		0		

Submitted Electronically