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 # 35510
Name: Hoffman Resources LLC
Address 1: 165 WEST 1ST STREET
Address 2: PO BOX 387
City: HOISINGTON State: KS Zip: 67544 + ___ ___ ___ ___
Contact Person: Alan Hoffman
Phone: (620) 653-4791
Lease Name: ADKINS
Well Number: 1-15

API No.: 15-155-21110-00-00
Permit No: D25550.0
Reporting Year: 2017
(January 1 to December 31)

___ - NW - SE - SE Sec. 15 Twp. 26 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1291 feet from ☐ N / ☑ S Line of Section
1242 feet from ☑ E / ☐ W Line of Section
County: Reno

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	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