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 # 31458
Name: HJ, Inc.
Address 1: 330 INDUSTRIAL DR
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + __ __ __ __
Contact Person: Kenneth Lang
Phone: (620) 275-2005
Lease Name: ROTHFELDER A
Well Number: 3

API No.: 15-171-20207-00-01
Permit No: D21230.0
Reporting Year: 2017
(January 1 to December 31)

NW - SE - SW - SE Sec. 7 Twp. 20 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
640 feet from ☐ N / ☑ S Line of Section
1957 feet from ☑ E / ☐ W Line of Section
County: Scott

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: LANSING
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	320	0	0		31
February	1000	0	0		28
March	1240	0	0		31
April	1240	0	0		30
May	1000	0	0		31
June	1240	0	0		30
July	800	0	0		31
August	1240	0	0		31
September	640	0	0		30
October	0		0		
November	1200	0	0		30
December	1240	0	0		31
TOTAL	11160		0		

Submitted Electronically