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 + 0387
Contact Person: Ginny Axman
Phone: (620) 653-4791
Lease Name: CHAPMAN
Well Number: 5

API No.: 15-185-01796-00-01
Permit No: E27862.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SE Sec. 32 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1677 feet from ☐ N / ☑ S Line of Section
322 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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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	15013	0	0	0	31
February	13628	0	0	0	28
March	20593	0	0	0	31
April	20593	0	0	0	30
May	20593	0	0	0	31
June	20291	0	0	0	30
July	20022	0	0	0	31
August	19352	0	0	0	31
September	14850	0	0	0	30
October	14850	0	0	0	31
November	16120	0	0	0	30
December	16120	0	0	0	31
TOTAL	212025		0		

Submitted Electronically