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: HULLMAN TRUST
Well Number: 2

API No.: 15-185-23401-00-01
Permit No: D30004.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NE - NW Sec. 36 Twp. 21 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4452 feet from ☐ N / ☑ S Line of Section
3865 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: 2000 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	6940	0	0	0	31
February	4250	0	0	0	28
March	6790	0	0	0	31
April	6580	0	0	0	30
May	5310	0	0	0	31
June	4290	0	0	0	30
July	4450	0	0	0	31
August	4450	0	0	0	31
September	6240	0	0	0	30
October	3720	0	0	0	31
November	3720	0	0	0	30
December	4750	0	0	0	31
TOTAL	61490		0		

Submitted Electronically