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 # 30681
Name: Hoffman Oil, Inc.
Address 1: 113 8TH ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 8910
Contact Person: LeRoy Hoffman
Phone: (417) 466-8282
Lease Name: WONDRA
Well Number: 4

API No.: 15-009-15396-00-00
Permit No: D09032.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SW Sec. 10 Twp. 17 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1670 feet from ☐ N / ☑ S Line of Section
3123 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 800 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	465	0	0		31
February	420	0	0		28
March	465	0	0		31
April	450	0	0		30
May	465	0	0		31
June	450	0	0		30
July	465	0	0		31
August	465	0	0		31
September	450	0	0		30
October	465	0	0		31
November	450	0	0		30
December	465	0	0		31
TOTAL	5475		0		

Submitted Electronically