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 # 35442
Name: Prairie Gas Operating, LLC
Address 1: 114 E. 5TH ST., SUITE 100
Address 2: PO BOX 2170
City: TULSA State: OK Zip: 74101 + 2170
Contact Person: Kristin Dinelli
Phone: (817) 681-7600
Lease Name: HOFFMAN
Well Number: 2-H

API No.: 15-071-20757-00-01
Permit No: D28667.0
Reporting Year: 2019
(January 1 to December 31)

SE - SE - ____ - ____ Sec. 24 Twp. 18 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
653 feet from ☐ N / ☑ S Line of Section
640 feet from ☑ E / ☐ W Line of Section
County: Greeley

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Glorieta
Maximum Authorized Injection Rate: 250 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically