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: 2019
(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	25606				31
February	23128				28
March	25606				31
April	24780				30
May	25606				31
June	24780				30
July	25606				31
August	25606				31
September	24780				30
October	25606				31
November	24780				30
December	25606				31
TOTAL	301490		0		

Submitted Electronically