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 # 31561
Name: Hoffman, Chris dba C & K Oil Company
Address 1: 410 B ST
Address 2: PO BOX 531
City: CLAFLIN State: KS Zip: 67525 + 0531
Contact Person: Chris Hoffman
Phone: (620) 587-0150
Lease Name: HOELSCHER
Well Number: 1

API No.: 15-159-22166-00-00
Permit No: D24914.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SE Sec. 15 Twp. 18 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
326 feet from ☐ N / ☑ S Line of Section
959 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 600 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	12865	0	0		31
February	12035	0	0		29
March	12865	0	0		31
April	12450	0	0		30
May	12865	0	0		31
June	12450	0	0		30
July	12865	0	0		31
August	12865	0	0		31
September	12450	0	0		30
October	12865	0	0		31
November	12450	0	0		30
December	12865	0	0		31
TOTAL	151890		0		

Submitted Electronically