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: LIEBL A
Well Number: 5

API No.: 15-009-22695-00-00
Permit No: D21025.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - NE Sec. 17 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2959 feet from ☐ N / ☑ S Line of Section
1044 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	35650	0	0		31
February	33350	0	0		29
March	35650	0	0		31
April	34500	0	0		30
May	35650	0	0		31
June	34500	0	0		30
July	35650	0	0		31
August	35650	0	0		31
September	34500	0	0		30
October	35650	0	0		31
November	34500	0	0		30
December	35650	0	0		31
TOTAL	420900		0		

Submitted Electronically