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: Kathleen Hoffman
Phone: (620) 653-4791
Lease Name: ROTH H
Well Number: 6

API No.: 15-159-02473-00-01
Permit No: E07692.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - NE Sec. 29 Twp. 19 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
495 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: 1000 psi Injection Zone: Lansing
Maximum Authorized Injection Rate: 1000 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	9920	0	0	0	31
February	9280	0	0	0	29
March	9920	0	0	0	31
April	9600	0	0	0	30
May	9920	0	0	0	31
June	9600	0	0	0	30
July	9920	0	0	0	31
August	9920	0	0	0	31
September	8160	0	0	0	30
October	9920	0	0	0	31
November	9600	0	0	0	30
December	9920	0	0	0	31
TOTAL	115680		0		

Submitted Electronically