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: ELSEN
Well Number: 1

API No.: 15-185-21129-00-00
Permit No: D20006.0
Reporting Year: 2020
(January 1 to December 31)

SE - SW - NE - NW Sec. 6 Twp. 22 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4093 feet from ☐ N / ☑ S Line of Section
3307 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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 15000 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	10261	0	0	0	31
February	9599	0	0	0	29
March	4836	0	0	0	31
April	4520	0	0	0	30
May	5416	0	0	0	31
June	7830	0	0	0	30
July	7316	0	0	0	31
August	7316	0	0	0	31
September	7080	0	0	0	30
October	7316	0	0	0	31
November	5080	0	0	0	30
December	4216	0	0	0	31
TOTAL	80786		0		

Submitted Electronically