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 # 30535
Name: Hartman Oil Co., Inc.
Address 1: 10500 E BERKELEY SQ PKWY STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 6816
Contact Person: Catherine Hartman
Phone: (316) 636-2090
Lease Name: BATES
Well Number: 4

API No.: 15-191-21467-00-00
Permit No: E21627.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SE Sec. 25 Twp. 30 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 600 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 500 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	1030	0	0	0	31
February	964	0	0	0	29
March	1030	0	0	0	31
April	930	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	1030	0	0	0	31
August	1030	0	0	0	31
September	997	0	0	0	30
October	1030	0	0	0	31
November	997	0	0	0	30
December	1030	0	0	0	31
TOTAL	10068		0		

Submitted Electronically