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: Ginny Axman
Phone: (620) 653-4791
Lease Name: HARPER
Well Number: 4

API No.: 15-009-22238-00-00
Permit No: D21713.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - SW Sec. 3 Twp. 18 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1035 feet from ☐ N / ☑ S Line of Section
3696 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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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	8215	0	0	0	31
February	5300	0	0	0	28
March	10230	0	0	0	31
April	9990	0	0	0	30
May	9240	0	0	0	31
June	9900	0	0	0	30
July	10230	0	0	0	31
August	10230	0	0	0	31
September	12840	0	0	0	30
October	13268	0	0	0	31
November	10994	0	0	0	30
December	2744	0	0	0	31
TOTAL	113181		0		

Submitted Electronically