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: DEMEL
Well Number: 2-15

API No.: 15-009-25142-00-01
Permit No: D30318.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - NW Sec. 15 Twp. 17 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4633 feet from ☐ N / ☑ S Line of Section
3189 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: 2000 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	6966	0	0	0	31
February	2662	0	0	0	28
March	3529	0	0	0	31
April	5060	0	0	0	30
May	6144	0	0	0	31
June	5282	0	0	0	30
July	5779	0	0	0	31
August	5871	0	0	0	31
September	4341	0	0	0	30
October	4224	0	0	0	31
November	709	0	0	0	30
December	906	0	0	0	31
TOTAL	51473		0		

Submitted Electronically