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: ADKINS
Well Number: 1-15

API No.: 15-155-21110-00-00
Permit No: D25550.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - SE Sec. 15 Twp. 26 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1291 feet from ☐ N / ☑ S Line of Section
1242 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 5000 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	5890	0	0	0	31
February	5345	0	0	0	28
March	5890	0	0	0	31
April	5700	0	0	0	30
May	5890	0	0	0	31
June	5760	0	0	0	30
July	6200	0	0	0	31
August	6200	0	0	0	31
September	5555	0	0	0	30
October	6140	0	0	0	31
November	6020	0	0	0	30
December	6200	0	0	0	31
TOTAL	70790		0		

Submitted Electronically