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 # 34674
Name: H & D Exploration LLC
Address 1: 165 WEST 1ST
Address 2: PO BOX 387
City: HOISINGTON State: KS Zip: 67544 + 0387
Contact Person: Ginny Axman
Phone: (620) 653-4791
Lease Name: HOFFMAN
Well Number: 1

API No.: 15-009-25458-00-01
Permit No: D30865.0
Reporting Year: 2021
(January 1 to December 31)

SW - SE - NW - SW Sec. 18 Twp. 16 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1564 feet from ☐ N / ☑ S Line of Section
856 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: 200 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	35	0	0	0	31
February	35	0	0	0	28
March	35	0	0	0	31
April	35	0	0	0	30
May	35	0	0	0	31
June	35	0	0	0	30
July	35	0	0	0	31
August	35	0	0	0	31
September	35	0	0	0	30
October	35	0	0	0	31
November	35	0	0	0	30
December	35	0	0	0	31
TOTAL	420		0		

Submitted Electronically