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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 # 31561
Name: Hoffman, Chris dba C & K Oil Company
Address 1: 410 B ST
Address 2: PO BOX 531
City: CLAFLIN State: KS Zip: 67525 + 0531
Contact Person: Chris Hoffman
Phone: (620) 587-0150
Lease Name: RIEMANN B
Well Number: 3 SWD

API No.: 15-009-20853-00-01
Permit No: D34580.0
Reporting Year: 2025
(January 1 to December 31)

W2 (Q/Q/Q/Q) - SE - SW - SW Sec. 10 Twp. 17 S. R. 11 ☐ E ☑ W
330 feet from ☐ N / ☑ S Line of Section
892 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: 3700 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	0	0	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	25500	0	0		17
September	45000	0	0		30
October	46500	0	0		31
November	45000	0	0		30
December	46500	0	0		31
TOTAL	208500		0		

Submitted Electronically