1286351

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 # 33095
Name: Oil Partners, LLC
Address 1: 500 GRAVES BLVD
Address 2: PO BOX 1851
City: SALINA State: KS Zip: 67401 + 4306
Contact Person: MORRIE SODERBERG
Phone: (785) 826-8216
Lease Name: FARMERS BANK
Well Number: 2

API No.: 15-113-01615-00-02
Permit No: D04348.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - NW - SW Sec. 17 Twp. 17 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2367 feet from ☐ N / ☑ S Line of Section
4564 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 150 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 400 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	2818	0	0		31
February	2545	0	0		28
March	2820	0	0		31
April	3030	0	0		30
May	3132	0	0		31
June	2729	0	0		30
July	2820	0	0		31
August	3122	0	0		31
September	2123	0	0		30
October	2193	0	0		31
November	2424	0	0		30
December	2505	0	0		31
TOTAL	32261		0		

Submitted Electronically