1288442

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 # 8061
Name: Oil Producers, Inc. of Kansas
Address 1: 1710 WATERFRONT PKWY
Address 2:
City: WICHITA State: KS Zip: 67206 + 6603
Contact Person: Connie Ball
Phone: (316) 681-0231
Lease Name: WOLGAMOTT
Well Number: 1-9 SWD

API No.: 15-007-22669-00-01
Permit No: D30227.0
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - ____ - NE Sec. 9 Twp. 35 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3864 feet from ☐ N / ☑ S Line of Section
1184 feet from ☑ E / ☐ W Line of Section
County: Barber

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: SWOPE LANSING
Maximum Authorized Injection Rate: 1000 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	6980	0	0		31
February	4450	0	0		28
March	5430	0	0		31
April	5520	0	0		30
May	6140	0	0		31
June	6700	0	0		30
July	5780	0	0		31
August	6082	0	0		30
September	5393	0	0		30
October	4816	0	0		31
November	5135	0	0		30
December	4690	0	0		31
TOTAL	67116		0		

Submitted Electronically