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 # 35322
Name: OPCO LLC
Address 1: PO BOX 445
Address 2:
City: CHASE State: KS Zip: 67524 + __ __ __ __
Contact Person: MATT BURTON
Phone: (316) 272-0037
Lease Name: BRENN UNIT
Well Number: 2

API No.: 15-185-13171-00-02
Permit No: E27479.1
Reporting Year: 2017
(January 1 to December 31)

___ - SE - SE - NW Sec. 19 Twp. 23 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2966 feet from ☐ N / ☑ S Line of Section
2984 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 200 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		31
February	5320	0	0		28
March	5890	0	0		31
April	5700	0	0		30
May	5890	0	0		31
June	5700	0	0		30
July	5890	0	0		31
August	5890	0	0		31
September	5700	0	0		30
October	0		0		
November	0		0		
December	0		0		
TOTAL	51870		0		

Submitted Electronically