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 # 32325
Name: Popp Operating, Inc.
Address 1: 191 NE 150 RD
Address 2: PO BOX 187
City: HOISINGTON State: KS Zip: 67544 + 9103
Contact Person: RICKEY POPP
Phone: (620) 786-5514
Lease Name: BOOMHOWER A
Well Number: 1

API No.: 15-167-23438-00-00
Permit No: D28918.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - NW Sec. 32 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
3120 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 10000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	139035	0	0		31
February	125580	0	0		28
March	134385	0	0		31
April	130050	0	0		30
May	134380	0	0		31
June	130015	0	0		30
July	134410	0	0		31
August	134390	0	0		31
September	132300	0	0		30
October	139115	0	0		31
November	134550	0	0		30
December	138985	0	0		31
TOTAL	1607195		0		

Submitted Electronically