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 # 34439
Name: BOP West, LLC
Address 1: PO BOX 129
Address 2:
City: WOOSTER State: OH Zip: 44691 + __ __ __ __
Contact Person: Steve W. Sigler
Phone: (330) 264-8847
Lease Name: WEIBERT SWDW
Well Number: 3

API No.: 15-115-20794-00-01
Permit No: D30049.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NW Sec. 7 Twp. 17 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2912 feet from ☐ N / ☑ S Line of Section
3516 feet from ☑ E / ☐ W Line of Section
County: Marion

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,SIMPSON
Maximum Authorized Injection Rate: 1500 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	11550	0	0		15
February	14250	0	0		25
March	35650	0	0		31
April	33000	0	0		30
May	32550	0	0		30
June	31500	0	0		29
July	29800	0	0		31
August	24500	0	0		31
September	22500	0	0		27
October	26350	0	0		31
November	22500	0	0		29
December	23250	0	0		30
TOTAL	307400		0		

Submitted Electronically