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 # 33277
Name: Cooper, Albert L. dba Cooper Service Co.
Address 1: PO BOX 381
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0381
Contact Person: Albert Cooper
Phone: ( 316 ) 204-0072
Lease Name: WHITACRE
Well Number: 1

API No.: 15-035-01085-00-02
Permit No: D23675.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - SE - NE Sec. 5 Twp. 34 S. R. 4 ☑ E ☐ W
*(Q/Q/Q/Q)*
3758 feet from ☐ N / ☑ S Line of Section
352 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 100 psi Injection Zone: STALNAKER
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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically