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 # 5044
Name: White Pine Petroleum Corporation
Address 1: 224 E. DOUGLAS, STE 300
Address 2:
City: WICHITA State: KS Zip: 67202 + 3414
Contact Person: MIKE E. BRADLEY
Phone: (316) 262-5429
Lease Name: SCHROCK D
Well Number: 1

API No.: 15-077-20872-00-00
Permit No: D21956.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - NW Sec. 9 Twp. 31 S. R. 5 ☐ E ☑ W
(Q/Q/Q/Q)
4399 feet from ☐ N / ☑ S Line of Section
4983 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	3265	0	0		29
February	3150	0	0		28
March	3250	0	0		31
April	3450	0	0		30
May	3565	0	0		31
June	3450	0	0		30
July	3565	0	0		31
August	3565	0	0		31
September	3450	0	0		30
October	3565	0	0		31
November	3450	0	0		30
December	3495	0	0		31
TOTAL	41220		0		

Submitted Electronically