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 # 6017
Name: Hopper Oil Co., Inc.
Address 1: 1011 MOUND
Address 2:
City: WINFIELD State: KS Zip: 67156 + 3930
Contact Person: Donna Hopper
Phone: (620) 221-7171
Lease Name: SHENEMAN
Well Number: 1

API No.: 15-035-00127-00-01
Permit No: E23033.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - NE Sec. 27 Twp. 33 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
4936 feet from ☐ N / ☑ S Line of Section
398 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: ANHYDRITE
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3500	100	0		31
February	3100	100	0		28
March	2000	100	0		17
April	2200	100	0		20
May	2800	100	0		25
June	3600	100	0		30
July	3800	100	0		31
August	3800	100	0		31
September	3700	100	0		30
October	3800	100	0		31
November	3600	100	0		30
December	3700	100	0		31
TOTAL	39600		0		

Submitted Electronically