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: HAMMER
Well Number: 5

API No.: 15-035-19501-00-01
Permit No: E17207.1
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NW Sec. 18 Twp. 32 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
4382 feet from ☐ N / ☑ S Line of Section
3639 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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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	5400	600	0		31
February	5300	600	0		28
March	5700	600	0		31
April	5600	600	0		30
May	5700	600	0		31
June	5500	600	0		30
July	5600	600	0		31
August	5700	600	0		31
September	5600	600	0		30
October	5800	600	0		31
November	5700	600	0		30
December	5800	600	0		31
TOTAL	67400		0		

Submitted Electronically