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 + 0129
Contact Person: Steven W. Sigler
Phone: (330) 264-8847
Lease Name: SNYDER
Well Number: 1

API No.: 15-131-20089-00-03
Permit No: D32317.0
Reporting Year: 2018
(January 1 to December 31)

____ - W2 - SE - NW Sec. 1 Twp. 1 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
3450 feet from ☑ E / ☐ W Line of Section
County: Nemaha

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: HUNTON
Maximum Authorized Injection Rate: 4000 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	9920	0	0		31
February	8960	0	0		28
March	9920	0	0		31
April	9280	0	0		29
May	9920	0	0		31
June	9600	0	0		30
July	9920	0	0		31
August	9920	0	0		31
September	9600	0	0		30
October	6080	0	0		19
November	8320	0	0		26
December	9920	0	0		31
TOTAL	111360		0		

Submitted Electronically