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 ST
Address 2:
City: WINFIELD State: KS Zip: 67156 + 3930
Contact Person: Donna Hopper
Phone: (620) 221-7171
Lease Name: KUKUK
Well Number: 3

API No.: 15-035-01007-00-01
Permit No: D24319.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NW - NW Sec. 11 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
4438 feet from ☐ N / ☑ S Line of Section
4336 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: 255 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	3000	100	0		31
February	2700	100	0		28
March	3100	100	0		31
April	3100	100	0		30
May	3200	100	0		31
June	3200	100	0		30
July	3300	100	0		31
August	3100	100	0		31
September	3000	100	0		30
October	3100	100	0		31
November	2900	100	0		30
December	3100	1001	0		31
TOTAL	36800		0		

Submitted Electronically