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 # 32325
Name: Popp Operating, Inc.
Address 1: 191 NE 150 RD
Address 2: PO BOX 187
City: HOISINGTON State: KS Zip: 67544 + 0187
Contact Person: RICKEY POPP
Phone: (620) 786-5514
Lease Name: J A KRUG
Well Number: 1 SWD

API No.: 15-167-19165-00-02
Permit No: D01570.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SE Sec. 8 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1609 feet from ☐ N / ☑ S Line of Section
841 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 350 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	7901	230	0		31
February	7144	230	0		28
March	7855	230	0		31
April	7632	230	0		30
May	7797	220	0		31
June	7626	220	0		30
July	7780	220	0		31
August	7787	220	0		31
September	7622	220	0		30
October	7864	230	0		31
November	7713	230	0		30
December	7893	230	0		31
TOTAL	92614		0		

Submitted Electronically