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 # 33095
Name: Oil Partners, LLC
Address 1: 500 GRAVES BLVD
Address 2: PO BOX 1851
City: SALINA State: KS Zip: 67401 + 1851
Contact Person: DUANE THIBAULT
Phone: (785) 825-2835
Lease Name: FARMERS BANK
Well Number: 2

API No.: 15-113-01615-00-02
Permit No: D04348.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 17 Twp. 17 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2367 feet from ☐ N / ☑ S Line of Section
4564 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 150 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 400 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	3255	0	0	0	31
February	2835	0	0	0	28
March	3441	0	0	0	31
April	3263	0	0	0	30
May	3371	0	0	0	31
June	3263	0	0	0	30
July	3371	0	0	0	31
August	3371	0	0	0	31
September	3375	0	0	0	30
October	3371	0	0	0	31
November	3263	0	0	0	30
December	1685	0	0	0	31
TOTAL	37864		0		

Submitted Electronically