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 # 8061
Name: Oil Producers, Inc. of Kansas
Address 1: 1710 WATERFRONT PKWY
Address 2:
City: WICHITA State: KS Zip: 67206 + 6603
Contact Person: Connie Ball
Phone: (316) 681-0231
Lease Name: MASONIC HOME
Well Number: C-1

API No.: 15-093-20469-00-00
Permit No: D19293.0
Reporting Year: 2020
(January 1 to December 31)

W2 - NW - NE - ____ Sec. 4 Twp. 26 S. R. 36 ☐ E ☑ W
(Q/Q/Q/Q)
6445 feet from ☐ N / ☑ S Line of Section
2179 feet from ☑ E / ☐ W Line of Section
County: Kearny

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: 0 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: LANSING
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	11210	0	0	0	31
February	13430	0	0	0	29
March	18552	0	0	0	31
April	11700	0	0	0	30
May	9490	0	0	0	31
June	2600	0	0	0	30
July	3640	0	0	0	31
August	2430	0	0	0	31
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	73052		0		

Submitted Electronically