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: SIMONSON
Well Number: 1

API No.: 15-175-00209-00-01
Permit No: D10594.0
Reporting Year: 2020
(January 1 to December 31)

NW - SE - NW - ____ Sec. 23 Twp. 33 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3321 feet from ☐ N / ☑ S Line of Section
3314 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 600 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 175 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	0	600	0	0	0
February	0	600	0	0	0
March	0	600	0	0	0
April	0	600	0	0	0
May	0	600	0	0	0
June	0	600	0	0	0
July	0	600	0	0	0
August	0	600	0	0	0
September	0	600	0	0	0
October	0	600	0	0	0
November	0	600	0	0	0
December	0	600	0	0	0
TOTAL	0		0		

Submitted Electronically