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: 1822 VALLEY VIEW
Address 2: PO BOX 1851
City: SALINA State: KS Zip: 67401 + 1851
Contact Person: MORRIE SODERBERG
Phone: (785) 452-0061
Lease Name: EMIL HOGLUND
Well Number: 7

API No.: 15-113-20207-00-01
Permit No: D20807.0
Reporting Year: 2021
(January 1 to December 31)

____ - E2 - SE - NW Sec. 8 Twp. 17 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
2900 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: 1000 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 6000 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	26900	0	0	0	31
February	24507	0	0	0	28
March	27272	0	0	0	31
April	26258	0	0	0	30
May	27133	0	0	0	31
June	26325	0	0	0	30
July	27278	0	0	0	31
August	27203	0	0	0	31
September	26325	0	0	0	30
October	27133	0	0	0	31
November	26303	0	0	0	30
December	27203	0	0	0	31
TOTAL	319840		0		

Submitted Electronically