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: FROMME
Well Number: 1

API No.: 15-097-21447-00-01
Permit No: E27781.1
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SW - SE Sec. 15 Twp. 29 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
328 feet from ☐ N / ☑ S Line of Section
2297 feet from ☑ E / ☐ W Line of Section
County: Kiowa

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: 1000 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	100	0	0	0
February	0	500	0	0	0
March	0	500	0	0	0
April	0	500	0	0	0
May	0	500	0	0	0
June	0	500	0	0	0
July	0	500	0	0	0
August	0	500	0	0	0
September	0	500	0	0	0
October	0	500	0	0	0
November	0	500	0	0	0
December	0	500	0	0	0
TOTAL	0		0		

Submitted Electronically