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 # 32325
Name: Popp Operating, Inc.
Address 1: 701 NORTH MAIN
Address 2: PO BOX 187
City: HOISINGTON State: KS Zip: 67544 + 0187
Contact Person: RICKEY POPP
Phone: (620) 786-5514
Lease Name: MICHAELIS A
Well Number: 1 SWD

API No.: 15-167-23372-00-00
Permit No: D28748.0
Reporting Year: 2022
(January 1 to December 31)

____ - SE - NE - SE Sec. 36 Twp. 15 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1332 feet from ☐ N / ☑ S Line of Section
442 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	105523	0	0	0	31
February	95312	0	0	0	28
March	105498	0	0	0	31
April	102185	0	0	0	30
May	105477	0	0	0	31
June	101978	0	0	0	30
July	105442	0	0	0	31
August	155181	0	0	0	31
September	12116	0	0	0	30
October	105488	0	0	0	31
November	102072	0	0	0	30
December	105521	0	0	0	31
TOTAL	1201793		0		

Submitted Electronically