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: PO BOX 1851
Address 2:
City: SALINA State: KS Zip: 67402 + 1851
Contact Person: MORRIE SODERBERG
Phone: (785) 452-0061
Lease Name: HESS
Well Number: 2

API No.: 15-169-20036-00-02
Permit No: D15868.0
Reporting Year: 2022
(January 1 to December 31)

____ - E2 - E2 - E2 Sec. 30 Twp. 15 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
2705 feet from ☐ N / ☑ S Line of Section
412 feet from ☑ E / ☐ W Line of Section
County: Saline

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1395	0	0	0	31
February	1310	0	0	0	28
March	1283	0	0	0	31
April	1377	0	0	0	30
May	2093	0	0	0	31
June	3186	0	0	0	30
July	1674	0	0	0	31
August	1228	0	0	0	31
September	1188	0	0	0	30
October	1283	0	0	0	31
November	1242	0	0	0	30
December	837	0	0	0	19
TOTAL	18096		0		

Submitted Electronically