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: MELODY FLETCHER
Phone: ( 316 ) 6810231
Lease Name: THOME
Well Number: 2

API No.: 15-173-20856-00-00
Permit No: D26317.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - N2 - SW - NW Sec. 19 Twp. 28 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
3464 feet from ☐ N / ☑ S Line of Section
4611 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

**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: 3000 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 | 4806 | 0 | | | 31 |
| February | 1435 | 0 | | | 28 |
| March | 2694 | 0 | | | 31 |
| April | 4467 | 0 | | | 30 |
| May | 5216 | 0 | | | 31 |
| June | 2320 | 0 | | | 30 |
| July | 2091 | 0 | | | 31 |
| August | 2177 | 0 | | | 31 |
| September | 2004 | 0 | | | 30 |
| October | 2156 | 0 | | | 31 |
| November | 2147 | 0 | | | 30 |
| December | 1842 | 0 | | | 31 |
| ***TOTAL*** | 33355 | | 0 | | |

Submitted Electronically