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 # 34969
Name: MDopps, LLC
Address 1: 555 N. MCLEAN
Address 2:
City: WICHITA State: KS Zip: 67203 + 5815
Contact Person: April Dopps
Phone: (316) 213-3924
Lease Name: BARNETT
Well Number: 4

API No.: 15-035-23445-00-01
Permit No: E28264.1
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - SW Sec. 18 Twp. 32 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
1695 feet from ☐ N / ☑ S Line of Section
4916 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 250 psi Injection Zone: HOOVER,STALNAKER
Maximum Authorized Injection Rate: 750 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				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically