

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: 1628 OVERLOOK DRIVE
Address 2: PO BOX 1851
City: SALINA State: KS Zip: 67401 + 1851
Contact Person: Morrie Soderberg
Phone: (785) 452-0061
Lease Name: EKSTROM
Well Number: 1

API No.: 15-169-30021-00-01
Permit No: D12771.0
Reporting Year: 2025
(January 1 to December 31)
____ - E2 - NE - NW Sec. 26 Twp. 15 S. R. 2 ☐ E ☒ W
(a/a/a/a)
4612 feet from ☐ N / ☒ S Line of Section
2952 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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 600 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	<u>7874</u>				<u>31</u>
	February	<u>7364</u>				<u>28</u>
	March	<u>7998</u>				<u>31</u>
	April	<u>7890</u>				<u>30</u>
	May	<u>8029</u>				<u>31</u>
	June	<u>7710</u>				<u>30</u>
	July	<u>7998</u>				<u>31</u>
	August	<u>7688</u>				<u>31</u>
	September	<u>7800</u>				<u>30</u>
	October	<u>7998</u>				<u>31</u>
	November	<u>7890</u>				<u>30</u>
	December	<u>8184</u>				<u>31</u>
	TOTAL	<u>94423</u>		<u>0</u>		

Submitted Electronically