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: Scott Lawson
Phone: (316) 6810231
Lease Name: FLINN
Well Number: B 1

API No.: 15-077-21291-00-00
Permit No: D27173.0
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - NW Sec. 14 Twp. 33 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
2883 feet from ☐ N / ☑ S Line of Section
3597 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 5000 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	620	0			31
February	560	0			28
March	620	0			31
April	600	0			30
May	620	0			31
June	620	0			30
July	640	0			31
August	600	0			31
September	600	0			30
October	640	0			31
November	620	0			30
December	640	0			31
TOTAL	7380		0		

Submitted Electronically