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 # 33277
Name: Cooper, Albert L. dba Cooper Service Co.
Address 1: PO BOX 381
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0381
Contact Person: Albert Cooper
Phone: (316) 204-0072
Lease Name: PAYNE
Well Number: 5

API No.: 15-035-23263-00-00
Permit No: D22534.0
Reporting Year: 2020
(January 1 to December 31)

____ - W2 - NW - NW Sec. 19 Twp. 32 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
4620 feet from ☐ N / ☑ S Line of Section
4880 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: 500 psi Injection Zone: GRANIT WASH,MISSISSIPPIAN
Maximum Authorized Injection Rate: 2550 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		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically