1281704

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 # 30961
Name: A P S, Inc.
Address 1: 750 MT PLEASANT RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9205
Contact Person: Wilfred T. Barnes
Phone: (785) 625-5361
Lease Name: BARNES OWWO
Well Number: 2

API No.: 15-051-01155-00-01
Permit No: D25677.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - NW Sec. 19 Twp. 14 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2943 feet from ☐ N / ☑ S Line of Section
4920 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: GRANIT WASH
Maximum Authorized Injection Rate: 70 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	465	0	0		31
February	420	0	0		28
March	465	0	0		31
April	450	0	0		30
May	465	0	0		31
June	450	0	0		30
July	465	0	0		31
August	465	0	0		31
September	450	0	0		30
October	465	0	0		31
November	450	0	0		30
December	465	0	0		31
TOTAL	5475		0		

Submitted Electronically