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 # 5193
Name: Barnard, R.L. dba Barnard Oil Operations
Address 1: 907 S 3RD
Address 2: PO BOX 535
City: MADISON State: KS Zip: 66860 + ___ ___ ___ ___
Contact Person: Lesli Baker
Phone: (620) 437-2131
Lease Name: MCCLELLAND
Well Number: 1 A S

API No.: 15-073-01015-00-01
Permit No: D26488.0
Reporting Year: 2017
(January 1 to December 31)

NE - NW - NW - SE Sec. 14 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4790 feet from ☐ N / ☑ S Line of Section
2284 feet from ☑ E / ☐ W Line of Section
County: Greenwood

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 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	19220	0	0		31
February	17360	0	0		28
March	19220	0	0		31
April	18600	0	0		30
May	19220	0	0		31
June	18600	0	0		30
July	19220	0	0		31
August	19220	0	0		31
September	18600	0	0		30
October	19220	0	0		31
November	18600	0	0		30
December	19220	0	0		31
TOTAL	226300		0		

Submitted Electronically