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 # 34130
Name: Manns' ATP, Inc.
Address 1: 7865 NW 80TH ST.
Address 2:
City: POTWIN State: KS Zip: 67123 + __ __ __ __
Contact Person: Ed Mann
Phone: (620) 752-3200
Lease Name: MANNS SOUTH
Well Number: 1

API No.: 15-015-23836-00-00
Permit No: E30538.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NW Sec. 27 Twp. 24 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	10800	0	0		31
February	10200	0	0		28
March	10450	0	0		31
April	10300	0	0		30
May	10400	0	0		31
June	10200	0	0		30
July	10400	0	0		31
August	10500	0	0		31
September	10650	0	0		30
October	10450	0	0		31
November	10750	0	0		30
December	10300	0	0		31
TOTAL	125400		0		

Submitted Electronically