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 # 32009
Name: SPS, INC.
Address 1: 4000 FREIDA
Address 2:
City: CHENEY State: KS Zip: 67025 + __ __ __ __
Contact Person: Mark Schmidtberger
Phone: (316) 772-0720
Lease Name: WYER
Well Number: 1

API No.: 15-095-01054-00-01
Permit No: E19787.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - NE Sec. 19 Twp. 28 S. R. 5 ☐ E ☑ W
(Q/Q/Q/Q)
2993 feet from ☐ N / ☑ S Line of Section
462 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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	3720	-28	0		31
February	3360	-28	0		28
March	3720	-28	0		31
April	3600	-28	0		30
May	3720	-28	0		31
June	3600	-28	0		30
July	3720	-28	0		31
August	3720	-28	0		31
September	3600	-28	0		30
October	3720	-28	0		31
November	3600	-28	0		30
December	3720	-28	0		31
TOTAL	43800		0		

Submitted Electronically