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: HICKMAN
Well Number: 2

API No.: 15-095-20743-00-01
Permit No: D21371.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - SW - SE Sec. 23 Twp. 27 S. R. 5 ☐ E ☑ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
2310 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: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 100 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 | 2790 | -28 | 0 | | 31 |
| February | 2520 | -28 | 0 | | 28 |
| March | 2790 | -28 | 0 | | 31 |
| April | 2700 | -28 | 0 | | 30 |
| May | 2790 | -28 | 0 | | 31 |
| June | 2700 | -28 | 0 | | 30 |
| July | 2790 | -28 | 0 | | 31 |
| August | 2790 | -28 | 0 | | 31 |
| September | 2700 | -28 | 0 | | 30 |
| October | 2790 | -28 | 0 | | 31 |
| November | 2700 | -28 | 0 | | 30 |
| December | 2790 | -28 | 0 | | 31 |
| ***TOTAL*** | 32850 | | 0 | | |

Submitted Electronically