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: CHASE
Well Number: 3

API No.: 15-095-20194-00-00
Permit No: D15603.0
Reporting Year: 2017
(January 1 to December 31)

____ - N2 - SW - SE Sec. 23 Twp. 28 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
1078 feet from ☐ N / ☑ S Line of Section
2321 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: 650 psi Injection Zone: FORT RILEY
Maximum Authorized Injection Rate: 220 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	4960	650	0		31
February	4480	650	0		28
March	4960	650	0		31
April	4800	650	0		30
May	4960	650	0		31
June	4800	650	0		30
July	4960	650	0		31
August	4960	650	0		31
September	4800	650	0		30
October	4960	650	0		31
November	4800	650	0		30
December	4960	650	0		31
TOTAL	58400		0		

Submitted Electronically