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 # 8997
Name: Barker, Bob dba Barker Oil
Address 1: PO BOX 216
Address 2:
City: CHANUTE State: KS Zip: 66720 + 0216
Contact Person: BOB BARKER
Phone: ( 620 ) 717-8078
Lease Name: BARKER
Well Number: 3

API No.: 15-133-24351-00-01
Permit No: E27720.1
Reporting Year: 2018
*(January 1 to December 31)*

____ - SW - NW - SW Sec. 4 Twp. 27 S. R. 18 ☑ E ☐ W
*(Q/Q/Q/Q)*
1450 feet from ☐ N / ☑ S Line of Section
5180 feet from ☑ E / ☐ W Line of Section
County: Neosho

**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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 200 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 | 600 | 400 | 0 | | 31 |
| February | 400 | 50 | 0 | | 28 |
| March | 600 | 50 | 0 | | 31 |
| April | 600 | 50 | 0 | | 30 |
| May | 600 | 50 | 0 | | 31 |
| June | 600 | 50 | 0 | | 30 |
| July | 600 | 50 | 0 | | 31 |
| August | 600 | 50 | 0 | | 31 |
| September | 600 | 50 | 0 | | 30 |
| October | 600 | 50 | 0 | | 31 |
| November | 600 | 75 | 0 | | 30 |
| December | 600 | 100 | 0 | | 31 |
| ***TOTAL*** | 7000 | | 0 | | |

Submitted Electronically