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 # 30961
Name: A P S, Inc.
Address 1: 750 MT PLEASANT RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9205
Contact Person: Wilfred T. Barnes
Phone: ( 785 ) 625-5361
Lease Name: BARNES OWWO
Well Number: 2

API No.: 15-051-01155-00-01
Permit No: D25677.0
Reporting Year: 2018
*(January 1 to December 31)*

___ - SW - SW - NW Sec. 19 Twp. 14 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
2943 feet from ☐ N / ☑ S Line of Section
4920 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: GRANIT WASH
Maximum Authorized Injection Rate: 70 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 | 806 | 0 | 0 | | 31 |
| February | 720 | 0 | 0 | | 28 |
| March | 810 | 0 | 0 | | 31 |
| April | 746 | 0 | 0 | | 30 |
| May | 806 | 0 | 0 | | 31 |
| June | 750 | 0 | 0 | | 30 |
| July | 810 | 0 | 0 | | 31 |
| August | 810 | 0 | 0 | | 31 |
| September | 748 | 0 | 0 | | 30 |
| October | 812 | 0 | 0 | | 31 |
| November | 746 | 0 | 0 | | 30 |
| December | 805 | 0 | 0 | | 30 |
| ***TOTAL*** | 9369 | | 0 | | |

Submitted Electronically