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 # 35056
Name: Agape Service Incorporated
Address 1: P.O. BOX 3029
Address 2:
City: DENVER State: CO Zip: 80201 + 3029
Contact Person: John Mark Gladstone
Phone: (720) 422-3817
Lease Name: ATHERTON A
Well Number: 6

API No.: 15-039-19009-00-01
Permit No: D28680.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SW Sec. 5 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
410 feet from ☐ N / ☑ S Line of Section
5110 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	2000				31
February	2000				28
March	2000				31
April	2000				30
May	2000				31
June	2000				30
July	2000				31
August	2000				31
September	2000				30
October	2000				31
November	2000				30
December	2000				31
TOTAL	24000		0		

Submitted Electronically