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 # 31431
Name: Barton Exploration, Inc.
Address 1: 3017 E 14TH ST
Address 2:
City: HAYS State: KS Zip: 67601 + 2790
Contact Person: Lonnie Barton
Phone: (785) 650-0541
Lease Name: FLEGLER
Well Number: 1

API No.: 15-167-20290-00-01
Permit No: D20299.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NW Sec. 28 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4967 feet from ☐ N / ☑ S Line of Section
3064 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 50 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	372	0	0	0	31
February	336	0	0	0	28
March	372	0	0	0	31
April	360	0	0	0	30
May	372	0	0	0	31
June	360	0	0	0	30
July	372	0	0	0	31
August	372	0	0	0	31
September	360	0	0	0	30
October	372	0	0	0	31
November	360	0	0	0	30
December	372	0	0	0	31
TOTAL	4380		0		

Submitted Electronically