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: 2020
(January 1 to December 31)

____ - NW - SW - SW Sec. 4 Twp. 27 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
989 feet from ☐ N / ☑ S Line of Section
5307 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: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	500	175	0		31
February	500	175			29
March	500	175	0		31
April	500	175	0		30
May	500	175	0		31
June	500	175	0		30
July	0	0	0		0
August	0	0	0		0
September	0	0	0		0
October	0	0	0		0
November	0	0	0		0
December	0	0	0		0
TOTAL	3000		0		

Submitted Electronically