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 # 32009
Name: SPS, INC.
Address 1: 4000 FREIDA RD
Address 2:
City: CHENEY State: KS Zip: 67025 + 9055
Contact Person: Mark Schmidtberger
Phone: (316) 772-0720
Lease Name: DAVIS UNIT
Well Number: 14-9

API No.: 15-173-01499-00-00
Permit No: D02801.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SW Sec. 31 Twp. 27 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
2524 feet from ☐ N / ☑ S Line of Section
2724 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: ARBUCKLE
Maximum Authorized Injection Rate: 17000 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	3810	0	0	0	31
February	3550	0	0	0	28
March	3270	0	0	0	31
April	5800	0	0	0	30
May	5800	0	0	0	31
June	6000	0	0	0	30
July	6000	0	0	0	31
August	6200	0	0	0	31
September	6250	0	0	0	30
October	6000	0	0	0	31
November	6200	0	0	0	30
December	6250	0	0	0	31
TOTAL	65130		0		

Submitted Electronically