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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 # 5193
Name: Barnard, R.L. dba Barnard Oil Operations
Address 1: 907 S 3RD
Address 2: PO BOX 535
City: MADISON State: KS Zip: 66860 + 0535
Contact Person: Dick Barnard
Phone: ( 620 ) 437-2131
Lease Name: JOHNSON LEWIS
Well Number: 20

API No.: 15-073-19861-00-01
Permit No: D25486.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NW - SE Sec. 8 Twp. 24 S. R. 12 ☑ E ☐ W
*(Q/Q/Q/Q)*
2029 feet from ☐ N / ☑ S Line of Section
2396 feet from ☑ E / ☐ W Line of Section
County: Greenwood

**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: 1500 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 | 21690 | | | | 31 |
| February | 18800 | | | | 28 |
| March | 21680 | | | | 31 |
| April | 20970 | | | | 30 |
| May | 21700 | | | | 31 |
| June | 21050 | | | | 30 |
| July | 21675 | | | | 31 |
| August | 20970 | | | | 31 |
| September | 21075 | | | | 30 |
| October | 21600 | | | | 31 |
| November | 21690 | | | | 30 |
| December | 21800 | | | | 31 |
| ***TOTAL*** | 254700 | | 0 | | |

Submitted Electronically