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 # 30961
Name: A P S, Inc.
Address 1: 750 MT PLEASANT RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9205
Contact Person: Wilfred Barnes
Phone: (785) 625-5361
Lease Name: BARNES OWWO
Well Number: 2

API No.: 15-051-01155-00-01
Permit No: D25677.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - NW Sec. 19 Twp. 14 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2943 feet from ☐ N / ☑ S Line of Section
4920 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: GRANIT WASH
Maximum Authorized Injection Rate: 70 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	640	6	0		31
February	578	6	0		28
March	637	6	0		31
April	290	6	0		14
May	0	0	0		0
June	0	0	0		0
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	2145		0		

Submitted Electronically