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: HICKMAN
Well Number: 2

API No.: 15-095-20743-00-01
Permit No: D21371.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SE Sec. 23 Twp. 27 S. R. 5 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 100 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	2790	-28	0	0	31
February	2520	-28	0	0	28
March	2790	-28	0	0	31
April	2700	-28	0	0	30
May	2790	-28	0	0	31
June	2700	-28	0	0	30
July	2790	-28	0	0	31
August	2790	-28	0	0	31
September	2700	-28	0	0	30
October	2790	-28	0	0	31
November	2700	-28	0		30
December	2790	-28	0	0	31
TOTAL	32850		0		

Submitted Electronically