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 # 35056
Name: Agape Service Incorporated
Address 1: PO BOX 3029
Address 2:
City: DENVER State: CO Zip: 80201 + 3029
Contact Person: John Mark Gladstone
Phone: (303) 359-8167
Lease Name: ATHERTON A
Well Number: 6

API No.: 15-039-19009-00-01
Permit No: D28680.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SW Sec. 5 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
410 feet from ☐ N / ☑ S Line of Section
5110 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	2000	0	0		31
February	2000	0	0		28
March	2000	0	0		31
April	2000	0	0		30
May	2000	0	0		31
June	2000	0	0		30
July	2000	0	0		31
August	2000	0	0		31
September	2000	0	0		30
October	2000	0	0		31
November	2000	0	0		30
December	2000	0	0		31
TOTAL	24000		0		

Submitted Electronically