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 # 36006
Name: Superior Oilfield Services LLC
Address 1: 19 E WEA STREET #304
Address 2:
City: PAOLA State: KS Zip: 66071 + 3515
Contact Person: Phillip Frick
Phone: (913) 594-2703
Lease Name: BARKIS
Well Number: AW 2

API No.: 15-121-27398-00-00
Permit No: E31866.2
Reporting Year: 2025
(January 1 to December 31)

____ - SE - SE - NW Sec. 17 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
3028 feet from ☐ N / ☑ S Line of Section
2696 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 200 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	913	450	0	0	31
August	1001	450	0	0	31
September	849	450	0	0	30
October	1202	450	0	0	31
November	971	450	0	0	30
December	1019	450	0	0	31
TOTAL	5955		0		

Submitted Electronically