



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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Attention: **Jeremy.Blake@CHAMP-TECH.com**

Customer: **Lasso Energy LLC (1508173)**

Location Code: **187082**

Region: **Not Available**

Sample ID: **AE23440**

Location: **Comanche, KS**

Login Batch: **150708095827**

System: **Production System**

Collection Date: **07/06/2015**

Equipment: **Well Hoffman Family Trust 1-18H**

Receive Date: **07/08/2015**

Lab ID: **ABU-0055**

Report Date: **07/09/2015**

Sample Point: **Wellhead**

Analyses	Result	Unit
Dissolved CO2	484	mg/L
Dissolved H2S	4	mg/L
pH	7.5	
Pressure	12	psi
Temperature	99	° F

Analyses	Result	Unit
Bicarbonate	59	mg/L
Conductivity	281119	µS - cm3
Ionic Strength	3.44	
Resistivity	0.036	ohms - m
Specific Gravity	1.110	
Total Dissolved Solids	179945.1	mg/L

Cations	Result	Unit
Iron	28.46	mg/L
Manganese	0.652	mg/L
Barium	1.536	mg/L
Strontium	545.5	mg/L
Calcium	8706	mg/L
Magnesium	2085	mg/L
Sodium	57542.95	mg/L

Anions	Result	Unit
Chloride	110231	mg/L
Sulfate	745	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-0.24
Barite BaSO4 PTB	0.5
Barite BaSO4 SI	0.38
Calcite CaCO3 PTB	10.9
Calcite CaCO3 SI	0.34
Celestite SrSO4 PTB	168.6
Celestite SrSO4 SI	0.45
Gypsum CaSO4 SI	-0.35
Hemihydrate CaSO4 SI	-0.38
Saturation Index Calculation (Tomson-Oddo Model)	

Comments: