



**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/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	_____	_____	_____	_____	_____



Kansas Chemical, Inc.

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Casebeer, Inc
2/11/16

	Swanson	Johnson	Richter	Oborg	Lockstron	Carlson	Enberg
Chlorides mg/l	29,000	31,000	30,000	27,000	32,000	30,000	34,000
Ph	6.4	6.6	6.5	5.9	5.1	6.0	6.9
TDS	47,005	48,012	39,090	40,100	39,400	42,200	43,100
SP. Gravity	1.022	1.041	1.023	1.033	1.102	1.029	1.044
Calcium	22.10	1900	1875	2100	2325	2215	2405
H2S	Pos.	Pos.	Pos.	Pos.	Pos.	Pos.	Pos.

Relative Energy

	Armstrong SWD
Chlorides mg/l	34,000
Ph	6.2
TDS	56019
SP. Gravity	1.037
Calcium	2100
H2S	Positive

Mike Fyler
Kansas Chemical, Inc.