



## 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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

# NALCO Champion Water Analysis Report

An Ecolab Company

Attention: Richard.Myers@CHAMP-TECH.com

Customer: Kodiak Petroleum Inc. (1505572)

Location Code: 280583

Region: Not Available

Sample ID: AF10334

Location: Pawnee County, KS

Login Batch: 151118095924-HAYS

System: Production System

Collection Date: 11/12/2015

Equipment: Well Seltman #3

Receive Date: 11/18/2015

Lab ID: ABU-0055

Report Date: 11/19/2015

Sample Point: Wellhead

Analyses	Result	Unit
Dissolved CO2	335	mg/L
Dissolved H2S	60	mg/L
pH	6.7	
Pressure	25	psi
Temperature	100	° F

Analyses	Result	Unit
Bicarbonate	166.9	mg/L
Conductivity	108021	µS - cm3
Ionic Strength	1.30	
Resistivity	0.093	ohms - m
Specific Gravity	1.041	
Total Dissolved Solids	69209.63	mg/L

Cations	Result	Unit
Iron	75.43	mg/L
Manganese	1.005	mg/L
Barium	6.475	mg/L
Strontium	133.4	mg/L
Calcium	2872	mg/L
Magnesium	721.4	mg/L
Sodium	22765.02	mg/L

Anions	Result	Unit
Chloride	42383	mg/L
Sulfate	85	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-1.72
Barite BaSO4 PTB	1.1
Barite BaSO4 SI	0.16
Calcite CaCO3 SI	-0.45
Celestite SrSO4 SI	-1.06
Gypsum CaSO4 SI	-1.62
Hemihydrate CaSO4 SI	-1.63
Saturation Index Calculation (Tomson-Oddo Model)	

Comments:

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