



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

Attention: **Michael.Walters@CHAMP-TECH.com**

Customer: **H&M Petroleum Corporation (1508375)**

Location Code: **294906**

Region: **Not Available**

Sample ID: **AF83244**

Location: **Scott County, KS**

Login Batch: **160307085402**

System: **Production System**

Collection Date: **03/03/2016**

Equipment: **Well French #1 SWD**

Receive Date: **03/07/2016**

Lab ID: **ABU-0055**

Report Date: **03/08/2016**

Sample Point: **Water Tank**

Analyses	Result	Unit
Dissolved CO2	<b>308</b>	mg/L
Dissolved H2S	<b>30</b>	mg/L
pH	<b>7</b>	
Pressure	<b>1</b>	psi
Temperature	<b>50</b>	° F

Analyses	Result	Unit
Bicarbonate	<b>437</b>	mg/L
Conductivity	<b>86456</b>	µS - cm3
Ionic Strength	<b>1.02</b>	
Resistivity	<b>0.116</b>	ohms - m
Specific Gravity	<b>1.035</b>	
Total Dissolved Solids	<b>55336.34</b>	mg/L

Cations	Result	Unit
Iron	<b>4.575</b>	mg/L
Manganese	<b>0.074</b>	mg/L
Barium	<b>0.142</b>	mg/L
Strontium	<b>35.21</b>	mg/L
Calcium	<b>891.7</b>	mg/L
Magnesium	<b>404.9</b>	mg/L
Sodium	<b>19573.74</b>	mg/L

Anions	Result	Unit
Chloride	<b>29242</b>	mg/L
Sulfate	<b>4747</b>	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	<b>-0.76</b>
Barite BaSO4 PTB	<b>0.1</b>
Barite BaSO4 SI	<b>0.63</b>
Calcite CaCO3 SI	<b>-0.65</b>
Celestite SrSO4 PTB	<b>7.1</b>
Celestite SrSO4 SI	<b>0.15</b>
Gypsum CaSO4 SI	<b>-0.31</b>
Hemihydrate CaSO4 SI	<b>-0.25</b>
<b>Saturation Index Calculation (Tomson-Oddo Model)</b>	

Comments:

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