



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	_____	_____	_____	_____	_____

Water Analysis Report

Attention: **Darian Dinkel**

Customer: **Double D's**

Location Code: **140110**

Region: **Not Available**

Sample ID: **AB97877**

Location: **Ellis, KS**

Batch ID: **140529162036**

System: **Production System**

Collection Date: **05/27/2014**

Equipment: **Well Ring 1**

Receive Date: **05/29/2014**

Lab ID: **ABU-0055**

Report Date: **06/04/2014**

Sample Point: **Wellhead**

Analyses	Result	Unit
Dissolved CO2	273	mg/L
Dissolved H2S	46	mg/L
pH	6.9	
Pressure	25	psi
Temperature	100	° F

Analyses	Result	Unit
Ionic Strength	0.77	
Resistivity	0.161	ohms - m
Total Dissolved Solids	39756.73	mg/L
Conductivity	62119	µS - cm3
Specific Gravity	1.025	
Bicarbonate	488	mg/L

Cations	Result	Unit
Iron	0.235	mg/L
Manganese	0.083	mg/L
Barium	0.035	mg/L
Strontium	60.23	mg/L
Calcium	2116	mg/L
Magnesium	513.7	mg/L
Sodium	12222.45	mg/L

Anions	Result	Unit
Chloride	22532	mg/L
Sulfate	1824	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-0.47
Barite BaSO4 SI	-0.57
Calcite CaCO3 PTB	74.5
Calcite CaCO3 SI	0.29
Celestite SrSO4 PTB	5.3
Celestite SrSO4 SI	0.06
Gypsum CaSO4 SI	-0.33
Hemihydrate CaSO4 SI	-0.29
Saturation Index Calculation (Tomson-Oddo Model)	

Comments: