



**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>	_____	_____	_____	_____	_____

**STAABCO CHEMICAL, INC.**

P.O. Box D  
Plainville, KS 67663

Phone: (785) 737-6141  
Fax: (785) 434-2529

**WATER ANALYSIS REPORT**

Company: Phillips Exploration  
Source: Smiley #2

Date Sampled: **October 3, 2014**  
Date Analyzed: **October 3, 2014**

pH:	7.00	Total Dissolved Solids (mg/L):	146,203
Dissolved H <sub>2</sub> S:	0		
Dissolved CO <sub>2</sub> :	0	Total Ionic Strength:	2.611
Specific Gravity:	1.100		
Density, (lbs/gal):	9.17		

	mg/L	Meq/L
<b>Anions</b>		
Sulfide	0	0
Bicarbonate:	116	2
Chloride:	89,000	2,507
Sulfate:	42	1
<b>Cations</b>		
Calcium:	3,440	172
Magnesium:	195	16
Sodium:	53,402	2,322
Barium:	8	
Strontium:	0	
Total Hardness:	3,760	
Total Dissolved Iron:	2	
Ferrous Iron:	Not Determined	

**PROBABLE MINERAL COMPOSITION**

172 Ca	2 HCO <sub>3</sub>		
16 Mg	1 SO <sub>4</sub>		
2,322 Na	2,507 Cl	Meq/L	mg/L
		2	154
		1	60
		169	9,392
		0	0
		0	0
		16	762
		0	0
		0	0
		2,322	135,733

  

<b>Saturation Values</b>	
In Distilled Water @ 20°C	
CaCO <sub>3</sub>	13 mg/L
CaSO <sub>4</sub> * 2H <sub>2</sub> O	2,090 mg/L
MgCO <sub>3</sub>	103 mg/L

**COMMENTS: Showing a Kansas City formation being produced.  
Thank you for your business, T.J. Staab**

11/20/2011  
11/20/2011

RECEIVED CURRICULUM

11/20/2011  
11/20/2011

WATER TREATMENT



Date: 11/20/2011  
Time: 11:20 AM

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COMMENTS: Showing a Kansas City formation being produced.  
The no you for your business, I.A. Stueb

**STAABCO CHEMICAL, INC.**

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Plainville, KS 67663

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Fax: (785) 434-2529

**Scale Deposition Potential Analysis**

Company: Phillips Exploration  
Source: Smiley #2

Date Sampled: **October 3, 2014**  
Date Analyzed: **October 8, 2014**

**Brine Composition**

pH:	7.00	Ca, mg/L:	3,440	Total Hardness, mg/L:	3,760
Specific Gravity:	1.100	Mg, mg/L:	195	Total Dissolved Solids, mg/L:	146,203
HCO <sub>3</sub> , mg/L:	116	Na, mg/L:	53,402	Total Ionic Strength:	2.611
Cl, mg/L:	89,000	Ba, mg/L:	8	Total Dissolved Iron, mg/L:	2.2
SO <sub>4</sub> , mg/L:	42	Sr, mg/L:	0		

**Calcium Carbonate Scale Indices**

Temperature, °F:	75	100	125	150	Specified Temperatures	
Stiff-Davis Index:	0.03	0.32	0.68	1.11	110	130
Deposition, lbs/1,000 Bbls:	-1.2	30.3	51.4	60.9	0.46	0.76
					40.6	53.9

**Calcium Sulfate Scale Indices**

Temperature, °F:	75	100	125	150	Specified Temperatures	
Supersaturation Ratio:	0.02	0.02	0.02	0.02	110	130
Deposition, lbs/1,000 Bbls:	-1272.5	#####	-1251.5	-1245.5	0.02	0.02
					-1259.9	-1248.7

**Barium Sulfate Scale Indices**

Temperature, °F:	75	100	125	150	Specified Temperatures	
Supersaturation Ratio:	1.26	0.95	0.73	0.55	110	130
Deposition, lbs/1,000 Bbls:	1.0	-0.2	-1.8	-3.8	0.85	0.69
					-0.8	-2.2

Return To Main Menu



CONFIDENTIAL

Form 1041-1 (1999)

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Individual Income Tax Return



John Doe  
123 Main St  
Anytown, CA 90001

Married Filing Jointly  
2000

Line	Description	Amount	Amount	Amount	Amount
1	Wages, salaries, tips, etc.	100,000			
2	Dividends	10,000			
3	Interest	5,000			
4	Capital gain distributions	2,000			
5	Other income				
6	Adjusted gross income	117,000			
7	State and local taxes		10,000		
8	Charitable contributions		2,000		
9	Medical expenses		1,000		
10	Retirement savings		5,000		
11	Other adjustments		1,000		
12	Adjusted taxable income	108,000			
13	Standard deduction		10,000		
14	Personal exemptions		2,000		
15	Other deductions		1,000		
16	Taxable income	95,000			
17	Income tax		15,000		
18	State and local taxes		10,000		
19	Charitable contributions		2,000		
20	Medical expenses		1,000		
21	Retirement savings		5,000		
22	Other adjustments		1,000		
23	Refundable credits		1,000		
24	Non-refundable credits		1,000		
25	Other credits		1,000		
26	Tax after credits		10,000		
27	Payments		10,000		
28	Refund			10,000	
29	Overpayment				10,000
30	Total refund/overpayment			10,000	

John Doe, Taxpayer