



**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	_____	_____	_____	_____	_____

An Ecolab Company

Attention: **Cory Stahl@CHAMP-TECH.com**

Customer: **Clair Oil (150249189)**

Location Code: **336945**

Region: **Ellis Co. KS**

Sample ID: **A113049**

Location: **Ellis Co. KS**

Login Batch: **170220072322-HAYS**

System: **Production System**

Collection Date: **02/16/2017**

Equipment: **Well Shaw A1 SWD**

Receive Date: **02/20/2017**

Lab ID: **ABU-0055**

Report Date: **02/21/2017**

Sample Point: **SWD**

Analyses	Result	Unit
Dissolved CO2	106	mg/L
Dissolved H2S	2	mg/L
pH	7.0	
Pressure	<.25	psi
Temperature	70.	° F

Analyses	Result	Unit
Bicarbonate	83	mg/L
Conductivity (Calculated)	222910	µS - cm3
Ionic Strength	3.01	
Resistivity	0.045	ohms - m
Specific Gravity	1.096	
Total Dissolved Solids	142669.7	mg/L

Cations	Result	Unit
Iron	6.143	mg/L
Manganese	1.378	mg/L
Barium	1.418	mg/L
Strontium	376.5	mg/L
Calcium	12740	mg/L
Magnesium	3742	mg/L
Sodium	36076.24	mg/L

Anions	Result	Unit
Chloride	88910	mg/L
Sulfate	733	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-0.27
Barite BaSO4 PTB	0.6
Barite BaSO4 SI	0.46
Calcite CaCO3 SI	-0.19
Celestite SrSO4 PTB	73.3
Celestite SrSO4 SI	0.22
Gypsum CaSO4 SI	-0.18
Hemihydrate CaSO4 SI	-0.22
Saturation Index Calculation (Tomson-Oddo Model)	

Comments

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