



**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 | _____ | _____ | _____ | _____ | _____ |

Bachman Production Specialties, Inc.

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WATER ANALYSIS REPORT

| | | | |
|----------------------|-----------|-----------------------|---------|
| Company: | South Bay | Lab ID Number: | |
| Water Source: | Bow Beer | Date Sampled: | 10-1-13 |
| Sample Point: | Well Head | Date Analyzed: | 10-2-13 |

Production Data: **BOPD:** 0 **BWPD:** 0 **MMCFD:** 0

| | | | |
|----------------------------------|---------|--------------------------------|---------|
| pH: | 6.30 | Total Dissolved Solids (mg/L): | 137,809 |
| Dissolved H ₂ S: | 1.0 | Total Ionic Strength: | 2.745 |
| Dissolved CO ₂ : | 40.0 | Specific Gravity: | 1.100 |
| Resistivity @ 75°F (Ohm-Meters): | 0.05960 | Density, (lbs/gal): | 9.17 |

| Cations | mg/L | Meq/L | Anions | mg/L | Meq/L |
|-----------------------|-------------|--------------|-----------------|-------------|--------------|
| Calcium: | 7,612 | 381 | Carbonate: | 0 | 0 |
| Magnesium: | 3,152 | 258 | Bicarbonate: | 61 | 1 |
| Sodium: | 40,972 | 1,781 | Chloride: | 85,738 | 2,415 |
| Barium: | 74 | | Sulfate: | 200 | 4 |
| Strontium: | 0 | | Total Hardness: | 32,000 | |
| Ferrous Iron: | 0.0 | | | | |
| Total Dissolved Iron: | 10.0 | | | | |

PROBABLE MINERAL COMPOSITION

| | mg/L | Meq/L |
|------------------------|-------------|--------------|
| Calcium Bicarbonate: | 81 | 1 |
| Calcium Sulfate: | 284 | 4 |
| Calcium Chloride: | 20,837 | 375 |
| Magnesium Bicarbonate: | 0 | 0 |
| Magnesium Sulfate: | 0 | 0 |
| Magnesium Chloride: | 12,302 | 258 |
| Sodium Bicarbonate: | 0 | 0 |
| Sodium Sulfate: | 0 | 0 |
| Sodium Chloride: | 104,140 | 1,781 |

Remarks

Hydro  *Pax*

Analyst: _____