

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form U3C  
June 2015  
Form must be Typed  
Form must be completed  
on a per well basis

**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 Date Sampled: 0  
Source: Smiley #2 Date Analyzed: 0

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

Saturation Values  
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:**