

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>	_____	_____	_____	_____	_____

## Water Analysis Report

Attention: **Travis.Scarborough@CHAMP-TECH.com**

Location Code: **362062**

Sample ID: **AJ72516**

Login Batch: **LP1**

Collection Date: **11/08/2017**

Receive Date: **11/14/2017**

Report Date: **11/15/2017**

Customer: **Destiny Petroleum**

Region: **Kansas**

Location: **Anthony, KS**

System: **ESP**

Equipment: **Louise 3504 SL 2-8H**

Lab ID: **ABU-0055**

Sample Point: **Wellhead**

Analyses	Result	Unit
Dissolved CO2	<b>726</b>	mg/L
Dissolved H2S	<b>1</b>	mg/L
pH	<b>6.2</b>	
Pressure	<b>25</b>	psi
Temperature	<b>58</b>	° F

Analyses	Result	Unit
Bicarbonate	<b>268.4</b>	mg/L
Conductivity (Calculated)	<b>289202</b>	µS - cm3
Ionic Strength	<b>3.65</b>	
Resistivity	<b>0.035</b>	ohms - m
Specific Gravity	<b>1.130</b>	
Total Dissolved Solids	<b>185143.2</b>	mg/L

Cations	Result	Unit
Iron	<b>53.10</b>	mg/L
Manganese	<b>1.063</b>	mg/L
Barium	<b>3.000</b>	mg/L
Strontium	<b>603.1</b>	mg/L
Calcium	<b>13270</b>	mg/L
Magnesium	<b>2063</b>	mg/L
Sodium	<b>54579.51</b>	mg/L

Anions	Result	Unit
Chloride	<b>113920</b>	mg/L
Sulfate	<b>382</b>	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	<b>-0.47</b>
Barite BaSO4 PTB	<b>1.4</b>
Barite BaSO4 SI	<b>0.69</b>
Calcite CaCO3 SI	<b>-0.50</b>
Celestite SrSO4 PTB	<b>73.1</b>
Celestite SrSO4 SI	<b>0.25</b>
Gypsum CaSO4 SI	<b>-0.39</b>
Hemihydrate CaSO4 SI	<b>-0.43</b>

Saturation Index Calculation (Tomson-Oddo Model)

### Comments

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