

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: **Cory.Stahl@ecolab.com**

Location Code: **336945**

Sample ID: **AK29038**

Login Batch: **2018-02-20-001-LP2**

Collection Date: **02/14/2018**

Receive Date: **02/20/2018**

Report Date: **02/22/2018**

Customer: **Clair Oil (150249189)**

Region: **Ellis Co, KS**

Location: **Ellis Co, KS**

System: **Production System**

Equipment: **Well Shaw A1 SWD**

Lab ID: **ABU-0055**

Sample Point: **SWD**

Analyses	Result	Unit
Dissolved CO2	202	mg/L
Dissolved H2S	22	mg/L
pH	7.0	
Pressure	25	psi
Temperature	100	° F

Cations	Result	Unit
Iron	2.186	mg/L
Manganese	0.284	mg/L
Barium	6.290	mg/L
Strontium	300.2	mg/L
Calcium	6676	mg/L
Magnesium	2243	mg/L
Sodium	36665.88	mg/L

Analyses	Result	Unit
Bicarbonate	132	mg/L
Conductivity (Calculated)	189371	µS - cm3
Ionic Strength	2.38	
Resistivity	0.053	ohms - m
Specific Gravity	1.082	
Total Dissolved Solids	121199.8	mg/L

Anions	Result	Unit
Chloride	75053	mg/L
Sulfate	121	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-1.24
Barite BaSO4 PTB	0.9
Barite BaSO4 SI	0.12
Calcite CaCO3 SI	0.00
Celestite SrSO4 SI	-0.67
Gypsum CaSO4 SI	-1.24
Hemihydrate CaSO4 SI	-1.28

Saturation Index Calculation (Tomson-Oddo Model)

**Comments**

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