

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____



Kansas Chemical, Inc.

Box 1122
McPherson, Kansas 67460 Cell: (620) 242-7093

Casebeer, Inc
2/11/16

	Swanson	Johnson	Richter	Oborg	Lockstron	Carlson	Enberg
Chlorides mg/l	29,000	31,000	30,000	27,000	32,000	30,000	34,000
Ph	6.4	6.6	6.5	5.9	5.1	6.0	6.9
TDS	47,005	48,012	39,090	40,100	39,400	42,200	43,100
SP. Gravity	1.022	1.041	1.023	1.033	1.102	1.029	1.044
Calcium	22.10	1900	1875	2100	2325	2215	2405
H2S	Pos.	Pos.	Pos.	Pos.	Pos.	Pos.	Pos.

Relative Energy

	Armstrong SWD
Chlorides mg/l	34,000
Ph	6.2
TDS	56019
SP. Gravity	1.037
Calcium	2100
H2S	Positive

Mike Fyler
Kansas Chemical, Inc.



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