

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>	_____	_____	_____	_____	_____

**Bachman Services, Inc.**307 C Street  
Great Bend, KS 67530

Phone: 620-792-2549

Fax:

**WATER ANALYSIS REPORT****Company:** FALCON EXP.  
**Water Source:** CIRCLE S #1  
**Sample Point:** WELL HEAD**Lab ID Number:**  
**Date Sampled:** 2-22-16  
**Date Analyzed:** 2-24-16**Production Data:**      **BOPD:**      0                      **BWPD:**      0                      **MMCFD:**      0pH:    6.00                      Total Dissolved Solids (mg/L):                      217,905  
Dissolved H<sub>2</sub>S:    0.0                      Total Ionic Strength:    4.247  
Dissolved CO<sub>2</sub>:    30.0                      Specific Gravity:    1.150  
Resistivity @ 75°F (Ohm-Meters):                      0.04800                      Density, (lbs/gal):    9.59

<b>Cations</b>	<b>mg/L</b>	<b>Meq/L</b>	<b>Anions</b>	<b>mg/L</b>	<b>Meq/L</b>
Calcium:	15,138	757	Carbonate:	0	0
Magnesium:	1,739	143	Bicarbonate:	37	1
Sodium:	66,447	2,889	Chloride:	134,245	3,782
Barium:	0		Sulfate:	300	6
Strontium:	0		Total Hardness:	45,000	
Ferrous Iron:	0.0				
Total Dissolved Iron:	0.0				

**PROBABLE MINERAL COMPOSITION**

	<b>mg/L</b>	<b>Meq/L</b>
Calcium Bicarbonate:	49	1
Calcium Sulfate:	425	6
Calcium Chloride:	41,626	750
Magnesium Bicarbonate:	0	0
Magnesium Sulfate:	0	0
Magnesium Chloride:	6,788	143
Sodium Bicarbonate:	0	0
Sodium Sulfate:	0	0
Sodium Chloride:	168,891	2,889

**Remarks***Hydro*  *Pax***Analyst:** \_\_\_\_\_