

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>	_____	_____	_____	_____	_____

800-533-0511

*James Tart office*

**WATER ANALYSIS for:**

Date of Analysis:	NOVEMBER 30, 2000	Analysis #:	N/D
Company:	STEPHENS ENGR.	Attention:	N/D
County:	N/D	State:	KANSAS
Lease/Well #:	HENDERSON A-1	Formation:	N/D
Type of Water:	PRODUCED	Total fluid:	N/D
Temp., C:	N/D	Sample Source:	BLEEDER
Use:	N/D	Date of Sampling:	N/D
Field Engineer:	JERRY ROBERTS	Analysis By:	BETH WOLF

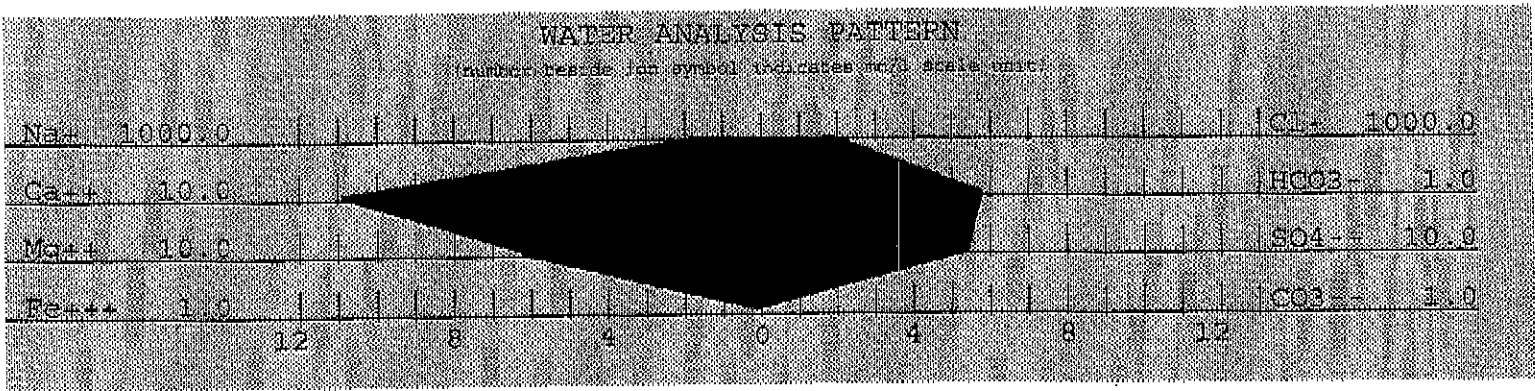
<u>DISSOLVED SOLIDS</u>				<u>DISSOLVED GASES</u>	
<u>CATIONS</u>	<u>mg/l</u>	<u>me/l</u>	<u>AS CaCO3</u>		<u>mg/l</u>
Ca++	2,240.0	112.0	5,600.0	Hydrogen Sulfide, H2S:	0.0
Mg++	780.8	64.0	3,200.0	Carbon Dioxide, CO2 :	180.0
Fe+++	4.0	0.2	10.8	Oxygen, O2 :	0.0
Ba++	0.0	0.0	0.0		
Na+	44,026.7	1,914.2	95,710.2		
Mn++	0.0	0.0	0.0		
<u>ANIONS</u>					
Cl-	72,000.0	2,028.2	101,408.5		
SO4--	2,700.0	56.3	2,812.5		
CO3--	0.0	0.0	0.0		
HCO3-	366.0	6.0	300.0		
OH-	0.0	0.0	0.0		
S--	0.0	0.0	0.0		
TOTAL HARDNESS :		176.0	8,800.0		
TOTAL SOLIDS (quantitative):			122,117.5		
RESIDUAL HYDROCARBONS :			0.0		

<u>PHYSICAL PROPERTIES</u>					
pH	:				7.5
Specific Gravity	:				1.075
TDS (calc.) p.p.m.	:				122,117.5

<u>SCALE STABILITIES</u>					
<u>Temp.</u>		<u>CaCO3</u>	<u>CaSO4</u>	<u>BaSO4</u>	
<u>C.</u>	<u>F.</u>				
32	90	0.91	6277		0
38	100	1.04	6480		0
49	120	1.32	7212		0
				Max entity, (calc):	3970
					0



**RECOMMENDATION:**

N/D = not determined