

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.

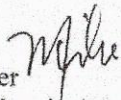
Box 1122
McPherson, Kansas 67460 Cell: (620) 242-7093

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.