

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>	_____	_____	_____	_____	_____



**ROCKWATER ENERGY SOLUTIONS**

P.O. Box 1602  
Ada, OK 74820

Phone: (580) 332-0240  
Fax: (580) 332-8631

**SCALE DEPOSITION POTENTIAL ANALYSIS**

<b>Company:</b>	Enterra	<b>Lab ID Number:</b>	JDT
<b>Water Source:</b>	Hanke B-3 SWD	<b>Date Sampled:</b>	
<b>Sample Point:</b>	Well Head	<b>Date Analyzed:</b>	4-16-18

**Brine Composition**

pH:	7.00	Ca, mg/L:	9,200	Total Hardness, mg/L:	31,000
Specific Gravity:	1.111	Mg, mg/L:	1,944	Total Dissolved Solids, mg/L:	142,863
HCO <sub>3</sub> , mg/L:	98	Na, mg/L:	43,070	Total Ionic Strength:	2,811
Cl, mg/L:	88,000	Ba, mg/L:	2		
SO <sub>4</sub> , mg/L:	550	Sr, mg/L:	0	Total Dissolved Iron, mg/L:	6.5

**Calcium Carbonate Scale Indices**

					Specified Temperatures	
Temperature, °F:	75	100	125	150	60	140
Stiff-Davis Index:	0.44	0.74	1.11	1.54	0.31	1.35
Deposition, lbs/1,000 Bbls:	34.7	44.9	51.2	54.2	25.4	53.3

**Calcium Sulfate Scale Indices**

					Specified Temperatures	
Temperature, °F:	75	100	125	150	60	140
Supersaturation Ratio:	0.440	0.442	0.447	0.448	0.440	0.448
Deposition, lbs/1,000 Bbls:	-347.4	-344.7	-337.8	-336.9	-347.0	-336.7

**Barium Sulfate Scale Indices**

					Specified Temperatures	
Temperature, °F:	75	100	125	150	60	140
Supersaturation Ratio:	4.010	2.916	2.164	1.574	4.935	1.783
Deposition, lbs/1,000 Bbls:	0.9	0.8	0.6	0.4	0.9	0.5

**Strontium Sulfate Scale Indices**

					Specified Temperatures	
Temperature, °F:	75	100	125	150	60	140
Supersaturation Ratio:	0.000	0.000	0.000	0.000	0.000	0.000
Deposition, lbs/1,000 Bbls:	-0.3	-0.4	-0.5	-0.8	-0.2	-0.7

*Studio 11 Fax*

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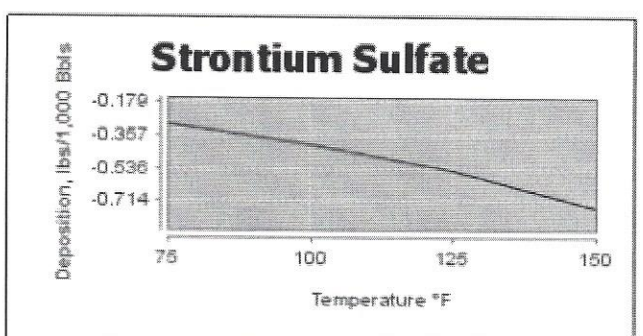
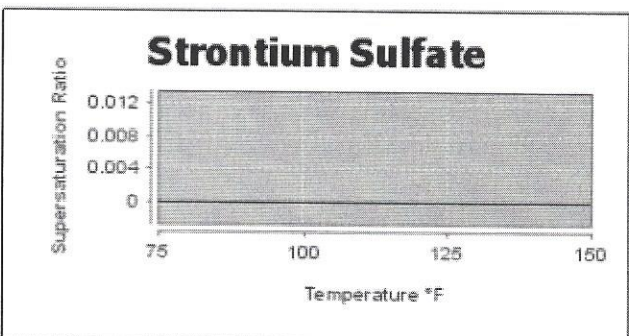
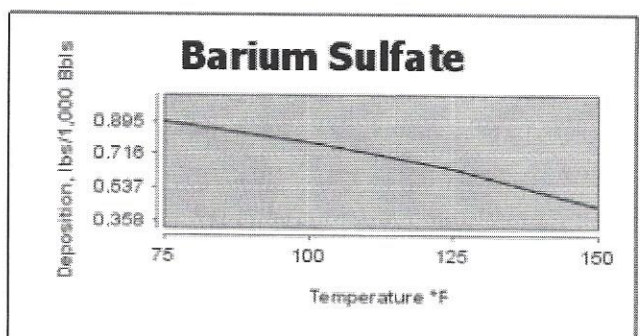
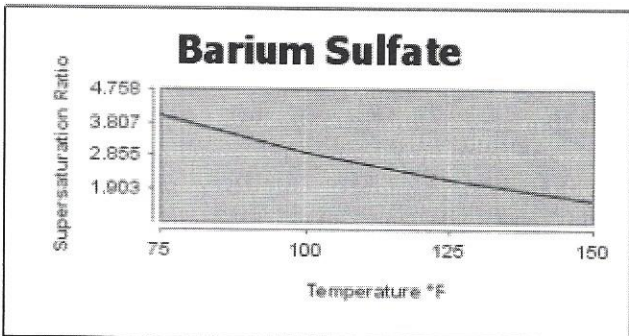
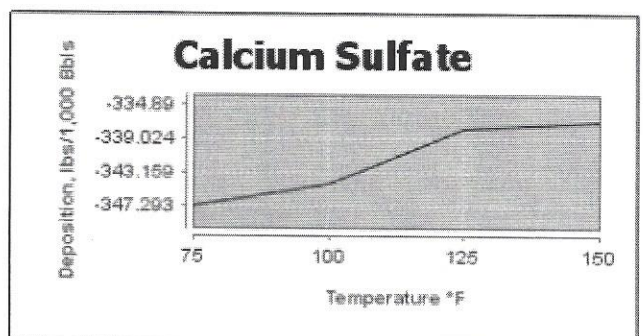
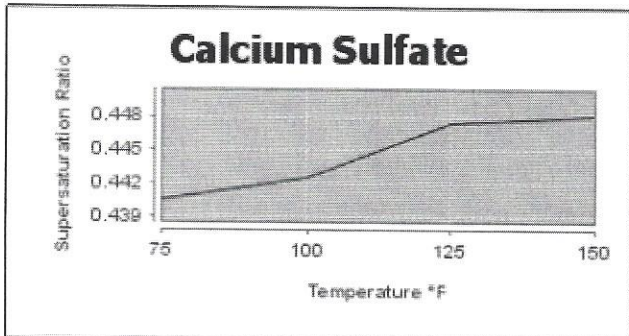
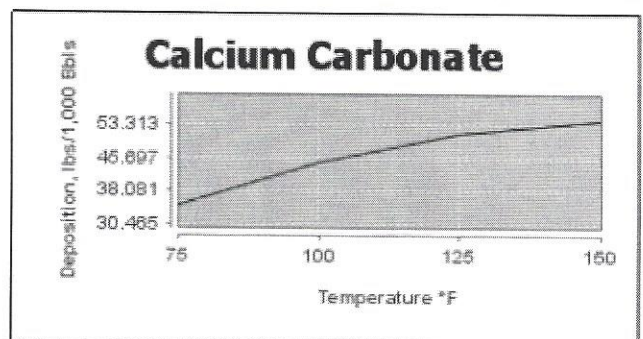
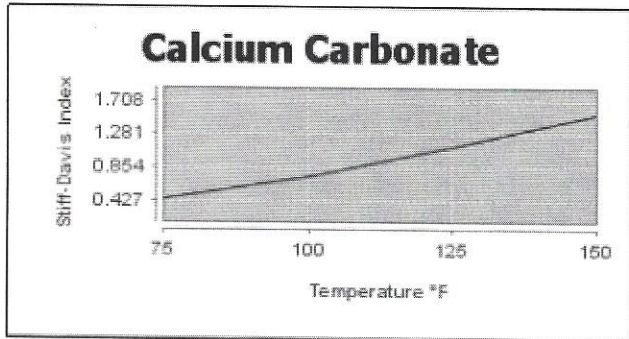
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**SCALE DEPOSITION POTENTIAL TRENDS**

**Company:** Enterra  
**Water Source:** Hanke B-3 SWD  
**Sample Point:** Well Head

**Lab ID Number:** JDT  
**Date Sampled:**  
**Date Analyzed:** 4-16-18



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