

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	_____	_____	_____	_____	_____

An Ecolab Company

Attention: Chad.Nuss@CHAMP-TECH.com

Customer: **Kraken Operating**

Location Code: **294335**

Region: **Not Available**

Sample ID: **AF79331**

Location: **Graham Co., KS**

Login Batch: **160301140648**

System: **Production System**

Collection Date: **03/01/2016**

Equipment: **Well West Cooley #2**

Receive Date: **03/01/2016**

Lab ID: **ABU-0055**

Report Date: **03/04/2016**

Sample Point: **Wellhead**

Analyses	Result	Unit
Dissolved CO2	317	mg/L
Dissolved H2S	124	mg/L
pH	7	
Pressure	25	psi
Temperature	100	° F

Analyses	Result	Unit
Bicarbonate	298	mg/L
Conductivity	68378	µS - cm3
Ionic Strength	0.84	
Resistivity	0.146	ohms - m
Specific Gravity	1.025	
Total Dissolved Solids	43762.64	mg/L

Cations	Result	Unit
Iron	0.551	mg/L
Manganese	0.247	mg/L
Barium	0.117	mg/L
Strontium	56.58	mg/L
Calcium	1835	mg/L
Magnesium	570.4	mg/L
Sodium	14039.74	mg/L

Anions	Result	Unit
Chloride	25036	mg/L
Sulfate	1926	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	-0.51
Barite BaSO4 SI	-0.04
Calcite CaCO3 PTB	14.7
Calcite CaCO3 SI	0.08
Celestite SrSO4 PTB	3.7
Celestite SrSO4 SI	0.04
Gypsum CaSO4 SI	-0.37
Hemihydrate CaSO4 SI	-0.34
Saturation Index Calculation (Tomson-Oddo Model)	

Comments:

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