

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	_____	_____	_____	_____	_____

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 H₂S: 0.0 Total Ionic Strength: 4.247
Dissolved CO₂: 30.0 Specific Gravity: 1.150
Resistivity @ 75°F (Ohm-Meters): 0.04800 Density, (lbs/gal): 9.59

Cations	mg/L	Meq/L	Anions	mg/L	Meq/L
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

	mg/L	Meq/L
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: _____