

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	_____	_____	_____	_____	_____

Submitted Electronically

Complete Water Analysis Report

Customer: Shakespeare Oil Company

Region: Kansas

Location: Lane County, KS

System: Production System

Equipment: Gail 1-21

Sample Point: Bleeder

Sample ID: AO44661

Acct Rep Email: Michael.Walters@ecolab.com

Collection Date: 02/03/2020

Receive Date: 02/06/2020

Report Date: 02/07/2020

Location Code: 430673

Field Analysis

Bicarbonate	468 mg/L	Dissolved CO2	194 mg/L	Dissolved H2S	48 mg/L
Pressure Surface	25 psi	Temperature	100 ° F	pH of Water	7.5

Sample Analysis

Conductivity (Calculated)	93948 µS - cm3	Ionic Strength	1.07	Resistivity	0.106 ohms - m
Specific Gravity	1.037	Total Dissolved Solids	60126.97 mg/L		

Cations

Iron	0.057 mg/L	Manganese	0.040 mg/L	Barium	0.118 mg/L
Strontium	47.15 mg/L	Calcium	682.1 mg/L	Magnesium	350.5 mg/L
Sodium	21500.00 mg/L				

Anions

Chloride	35996 mg/L	Sulfate	1083 mg/L
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Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-1.18
Barite BaSO4 PTB	N/A	Barite BaSO4 SI	-0.36
Calcite CaCO3 PTB	54.6	Calcite CaCO3 SI	0.24
Celestite SrSO4 PTB	N/A	Celestite SrSO4 SI	-0.32
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-1.07
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-1.05

Comments

Scaling predictions calculated using Oddo-Tomson model

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02/11/2020