

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>	_____	_____	_____	_____	_____

Customer: Shakespeare Oil Company  
 Region: Kansas  
 Location: Lane County, KS  
 System: Production System

Equipment: Yost 9-1  
 Sample Point: Bleeder  
 Sample ID: AO44662  
 Acct Rep Email: Michael.Walters@ecolab.com

Collection Date: 02/03/2020  
 Receive Date: 02/06/2020  
 Report Date: 02/07/2020  
 Location Code: 430674

### Field Analysis

Bicarbonate	117 mg/L	Dissolved CO2	176 mg/L	Dissolved H2S	44 mg/L
Pressure Surface	25 psi	Temperature	100 °F	pH of Water	7.5

### Sample Analysis

Conductivity (Calculated)	114277 µS - cm3	Ionic Strength	1.30	Resistivity	0.088 ohms - m
Specific Gravity	1.048	Total Dissolved Solids	73138.43 mg/L		

### Cations

Iron	0.890 mg/L	Manganese	0.195 mg/L	Barium	0.044 mg/L
Strontium	39.50 mg/L	Calcium	1244 mg/L	Magnesium	403.8 mg/L
Sodium	24150.00 mg/L				

### Anions

Chloride	45935 mg/L	Sulfate	1248 mg/L
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### Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.90
Barite BaSO4 PTB	N/A	Barite BaSO4 SI	-0.84
Calcite CaCO3 PTB	N/A	Calcite CaCO3 SI	-0.19
Celestite SrSO4 PTB	N/A	Celestite SrSO4 SI	-0.41
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.81
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.81

### Comments

Scaling predictions calculated using Odco-Tomson model

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