

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	_____	_____	_____	_____	_____

Customer: **H&M Petroleum Corporation (150837)**
 Region: **Not Available**
 Location: **Scott County, KS**
 System: **Production System**

Equipment: **Well French #1 SWD**
 Sample Point: **Water Tank**
 Sample ID: **AO55145**
 Acct Rep Email: **Michael.Walters@ecolab.com**

Collection Date: **02/21/2020**
 Receive Date: **02/24/2020**
 Report Date: **02/25/2020**
 Location Code: **294906**

Field Analysis

Bicarbonate	312 mg/L	Dissolved CO2	238 mg/L	Dissolved H2S	30 mg/L
Pressure Surface	<.25 psi	Temperature	50 ° F	pH of Water	7.2

Sample Analysis

Conductivity (Calculated)	109049 µS - cm3	Ionic Strength	1.26	Resistivity	0.092 ohms - m
Specific Gravity	1.046	Total Dissolved Solids	69791.69 mg/L		

Cations

Iron	0.091 mg/L	Manganese	0.147 mg/L	Barium	0.025 mg/L
Strontium	36.93 mg/L	Calcium	1357 mg/L	Magnesium	423.5 mg/L
Sodium	22170.00 mg/L				

Anions

Chloride	40602 mg/L	Sulfate	4890 mg/L
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Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.57
Barite BaSO4 PTB	N/A	Barite BaSO4 SI	-0.22
Calcite CaCO3 PTB	N/A	Calcite CaCO3 SI	-0.51
Celestite SrSO4 PTB	5.6	Celestite SrSO4 SI	0.11
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.17
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.14

Comments

Scaling predictions calculated using Odco-Tomson model

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