

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 | _____ | _____ | _____ | _____ | _____ |

STAABCO CHEMICAL, INC.

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WATER ANALYSIS REPORT

Company: Shakespeare
Source: Glassman 4-35 SWD & 6-36 Inj.

Date Sampled: January 19, 2021
Date Analyzed: January 19, 2021

| | | | |
|-----------------------------|-------|--------------------------------|---------|
| pH: | 6.60 | Total Dissolved Solids (mg/L): | 124,714 |
| Dissolved H ₂ S: | 30 | | |
| Dissolved CO ₂ : | 0 | Total Ionic Strength: | 2.267 |
| Specific Gravity: | 1.080 | | |
| Density, (lbs/gal): | 9.01 | | |

| | mg/L | Meq/L |
|-----------------------|----------------|-------|
| Anions | | |
| Sulfide | 67.2 | 67.2 |
| Bicarbonate: | 616 | 10 |
| Chloride: | 74,000 | 2,085 |
| Sulfate: | 2,200 | 46 |
| Cations | | |
| Calcium: | 1,920 | 96 |
| Magnesium: | 1,220 | 100 |
| Sodium: | 44,722 | 1,944 |
| Barium: | 36 | |
| Strontium: | 0 | |
| Total Hardness: | 3,920 | |
| Total Dissolved Iron: | 0 | |
| Ferrous Iron: | Not Determined | |

PROBABLE MINERAL COMPOSITION

| | | | |
|----------|---------------------|------------------------|---------------|
| 96 Ca | 10 HCO ₃ | | |
| 100 Mg | 46 SO ₄ | Meq/L | mg/L |
| 1,944 Na | 2,085 Cl | | |
| | | Calcium Bicarbonate: | 10 819 |
| | | Calcium Sulfate: | 46 3,120 |
| | | Calcium Chloride: | 40 2,224 |
| | | Magnesium Bicarbonate: | 0 0 |
| | | Magnesium Sulfate: | 0 0 |
| | | Magnesium Chloride: | 100 4,762 |
| | | Sodium Bicarbonate: | 0 0 |
| | | Sodium Sulfate: | 0 0 |
| | | Sodium Chloride: | 1,944 113,672 |

Saturation Values
In Distilled Water @ 20°C

| | | | |
|---------------------------------------|------------|--|--|
| CaCO ₃ | 13 mg/L | | |
| CaSO ₄ * 2H ₂ O | 2,090 mg/L | | |
| MgCO ₃ | 103 mg/L | | |

COMMENTS: