

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>	_____	_____	_____	_____	_____



## WATER ANALYSIS REPORT

Company: Jack Bowles

Date Sampled: 2/20/2021

Source: WHITESIDE SWD

Date Analyzed: 2/25/2021

pH:	7.50	Total Dissolved Solids (mg/L):	81,589
Dissolved H <sub>2</sub> S:	75.0	Total Ionic Strength:	1.587
Dissolved CO <sub>2</sub> :	60.0	Specific Gravity:	1.065
Resistivity @ 75°F(Ohm-Meters):	0.08450	Density, (lbs/gal):	8.88

Cations	mg/L	Meq/L	Anions	mg/L	Meq/L
Calcium:	4,320	216	Carbonate:	0	0
Magnesium:	1,166	96	Bicarbonate:	433	7
Sodium:	25,366	1,103	Chloride:	49,000	1,380
Barium:	4		Sulfate:	1,300	27
Strontium:	0		Total Hardness:	15,600	
Ferrous Iron:	0.00				
Total Dissolved Iron:	0.00				

### PROBABLE MINERAL COMPOSITION

	mg/L	Meq/L
<b>Calcium Bicarbonate:</b>	575	7
<b>Calcium Sulfate:</b>	1,844	27
<b>Calcium Chloride:</b>	10,091	182
<b>Magnesium Bicarbonate:</b>	0	0
<b>Magnesium Sulfate:</b>	0	0
<b>Magnesium Chloride:</b>	4,553	96
<b>Sodium Bicarbonate:</b>	0	0
<b>Sodium Sulfate:</b>	0	0
<b>Sodium Chloride:</b>	64,473	1,103

Remarks

" " " "