

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

Customer: **GREAT PLAINS ENERGY INC**

Region: **Kansas(KS)**

Location: **Trego County, KS**

System: **Disposal System**

Equipment: **Flax J SWD**

Sample Point: **Water Tank**

Sample ID: **AO55144**

Acct Rep Email: **Michael.Walters@ecolab.com**

Collection Date: **02/21/2020**

Receive Date: **02/24/2020**

Report Date: **02/25/2020**

Location Code: **402615**

Field Analysis

Bicarbonate	303 mg/L	Dissolved CO2	246 mg/L	Dissolved H2S	20 mg/L
Pressure Surface	<.25 psi	Temperature	45 ° F	pH of Water	7.0

Sample Analysis

Conductivity (Calculated)	56089 µS - cm3	Ionic Strength	0.69	Resistivity	0.178 ohms - m
Specific Gravity	1.023	Total Dissolved Solids	35897.11 mg/L		

Cations

Iron	0.204 mg/L	Manganese	0.096 mg/L	Barium	0.076 mg/L
Strontium	47.03 mg/L	Calcium	1544 mg/L	Magnesium	410.7 mg/L
Sodium	10600.00 mg/L				

Anions

Chloride	20422 mg/L	Sulfate	2570 mg/L
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Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.79
Barite BaSO4 PTB	0.0	Barite BaSO4 SI	0.27
Calcite CaCO3 PTB	N/A	Calcite CaCO3 SI	-0.47
Celestite SrSO4 PTB	6.6	Celestite SrSO4 SI	0.10
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.28
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.17

Comments

Scaling predictions calculated using Odco-Tomson model

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02/27/2020

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