

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>	_____	_____	_____	_____	_____

## Complete Water Analysis Report

Customer: **E & E OIL COMPANY**  
 Region: **Kansas**  
 Location: **McPherson County**  
 System: **Production System**

Equipment: **Burch 1**  
 Sample Point: **Wellhead**  
 Sample ID: **AR35121**  
 Acct Rep Email: **Ronnie.Hoover@championx.com**

Collection Date: **05/21/2021**  
 Receive Date: **05/25/2021**  
 Report Date: **05/26/2021**  
 Location Code: **29063**

### Field Analysis

Bicarbonate	122 mg/L	Dissolved CO2	88 mg/L	Dissolved H2S	5 mg/L
Pressure Surface	25 psi	Temperature	96 ° F	pH of Water	6.0

### Sample Analysis

Ionic Strength	1.57 mol/L	Specific Gravity	1.063	Total Dissolved Solids	84145.22 mg/L
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### Cations

Iron	3.365 mg/L	Manganese	0.131 mg/L	Barium	13.62 mg/L
Strontium	266.9 mg/L	Calcium	2976 mg/L	Magnesium	994.2 mg/L
Sodium	26680.00 mg/L				

### Anions

Sulfate	330 mg/L	Chloride	52759 mg/L
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### Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-1.16
Barite BaSO4 PTB	7.3	Barite BaSO4 SI	1.01
Calcite CaCO3 PTB	N/A	Calcite CaCO3 SI	-1.38
Celestite SrSO4 PTB	N/A	Celestite SrSO4 SI	-0.23
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-1.07
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-1.08

### Comments

Scaling predictions calculated using Oddo-Tomson model

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