

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	_____	_____	_____	_____	_____

Complete Water Analysis Report

Customer: SHAKESPEARE OIL COMPANY
 Region: Kansas
 Location: Lane County
 System: Production System

Equipment: Gail 1-21
 Sample Point: Bleeder
 Sample ID: AS88259
 Acct Rep Email: Michael.Walters@championx.com

Collection Date: 02/03/2022
 Receive Date: 02/07/2022
 Report Date: 02/08/2022
 Location Code: 430673

Field Analysis

Bicarbonate	342.00 mg/L	Dissolved CO2	194.00 mg/L	Dissolved H2S	167.00 mg/L
Pressure Surface	25 psi	Temperature	100 °F	pH of Water	7.50

Sample Analysis

Ionic Strength	0.94 mol/L	Specific Gravity	1.041	Total Dissolved Solids	52860.53 mg/L
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Cations

Iron	0.218 mg/L	Manganese	0.038 mg/L	Barium	0.172 mg/L
Strontium	46.30 mg/L	Calcium	714.6 mg/L	Magnesium	373.2 mg/L
Sodium	17730.00 mg/L				

Anions

Chloride	32179 mg/L	Sulfate	1475 mg/L
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Scale Type

--- Anhydrite CaSO4 PTB ---	---	N/A	---	--- Anhydrite CaSO4 SI ---	---	-1.02	---
--- Barite BaSO4 PTB ---	---	N/A	---	--- Barite BaSO4 SI ---	---	-0.02	---
--- Calcite CaCO3 PTB ---	---	29.2	---	--- Calcite CaCO3 SI ---	---	0.16	---
--- Celestite SrSO4 PTB ---	---	N/A	---	--- Celestite SrSO4 SI ---	---	-0.17	---
--- Gypsum CaSO4 PTB ---	---	N/A	---	--- Gypsum CaSO4 SI ---	---	-0.89	---
--- Hemihydrate CaSO4 PTB ---	---	N/A	---	--- Hemihydrate CaSO4 SI ---	---	-0.87	---

Comments

Scaling predictions calculated using Odde-Tomson model

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