

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: Lois 1-19
 Sample Point: Bleeder
 Sample ID: AS88266
 Acct Rep Email: Michael.Walters@championx.com

Collection Date: 02/03/2022
 Receive Date: 02/07/2022
 Report Date: 02/08/2022
 Location Code: 430657

Field Analysis

Bicarbonate	195.00 mg/L	Dissolved CO2	229.00 mg/L	Dissolved H2S	17.00 mg/L
Pressure Surface	25 psi	Temperature	100 °F	pH of Water	7.50

Sample Analysis

Ionic Strength	1.02 mol/L	Specific Gravity	1.041	Total Dissolved Solids	54321.74 mg/L
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Cations

Iron	1.287 mg/L	Manganese	0.055 mg/L	Barium	2.499 mg/L
Strontium	467.4 mg/L	Calcium	1852 mg/L	Magnesium	791.5 mg/L
Sodium	16090.00 mg/L				

Anions

Chloride	34239 mg/L	Sulfate	683 mg/L
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Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.99
Barite BaSO4 PTB	1.2	Barite BaSO4 SI	0.73
Calcite CaCO3 PTB	31.5	Calcite CaCO3 SI	0.30
Celestite SrSO4 PTB	143.0	Celestite SrSO4 SI	0.44
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.87
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.85

Comments

Scaling predictions calculated using Odde-Tomson model

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