

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>	_____	_____	_____	_____	_____

Attention: **Richard.Myers@CHAMP-TECH.com**

Customer: **Gra Ex**

Location Code: **307481**

Region: **Not Available**

Sample ID: **AG11620**

Location: **Pawnee Co, KS**

Login Batch: **160412143947-HAYS**

System: **Production System**

Collection Date: **04/04/2016**

Equipment: **Bowman 1**

Receive Date: **04/12/2016**

Lab ID: **ABU-0055**

Report Date: **04/15/2016**

Sample Point: **Wellhead**

Analyses	Result	Unit
Dissolved CO2	<b>365</b>	mg/L
Dissolved H2S	<b>15</b>	mg/L
pH	<b>6.8</b>	
Pressure	<b>25</b>	psi
Temperature	<b>100</b>	° F

Analyses	Result	Unit
Bicarbonate	<b>136.6</b>	mg/L
Conductivity	<b>221500</b>	µS - cm3
Ionic Strength	<b>2.75</b>	
Resistivity	<b>0.045</b>	ohms - m
Specific Gravity	<b>1.104</b>	
Total Dissolved Solids	<b>141770.5</b>	mg/L

Cations	Result	Unit
Iron	<b>10.31</b>	mg/L
Manganese	<b>0.295</b>	mg/L
Barium	<b>6.565</b>	mg/L
Strontium	<b>818.9</b>	mg/L
Calcium	<b>5667</b>	mg/L
Magnesium	<b>2912</b>	mg/L
Sodium	<b>44369.85</b>	mg/L

Anions	Result	Unit
Chloride	<b>86959</b>	mg/L
Sulfate	<b>890</b>	mg/L

Scale Type	Result
Anhydrite CaSO4 SI	<b>-0.42</b>
Barite BaSO4 PTB	<b>3.5</b>
Barite BaSO4 SI	<b>1.02</b>
Calcite CaCO3 SI	<b>-0.24</b>
Celestite SrSO4 PTB	<b>288.7</b>
Celestite SrSO4 SI	<b>0.64</b>
Gypsum CaSO4 SI	<b>-0.46</b>
Hemihydrate CaSO4 SI	<b>-0.49</b>
<b>Saturation Index Calculation (Tomson-Oddo Model)</b>	

**Comments:**