

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

Complete Water Analysis

Customer: **GREAT PLAINS ENERGY INC**
 Geographic Region: **Kansas**
 Geographic Location: **Trego County**
 System Description: **Disposal System**

Equipment Description: **Flax J SWD**
 Sample Point: **Water Tank**
 Sample ID: **AT00604**
 Account Rep: **Michael.Walters@championx.com**

Collection Date: **02/22/2022**
 Receive Date: **02/23/2022**
 Report Date: **02/24/2022**
 Location Code: **402615**

Field Analysis			Sample Analysis		
<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>	<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>
Bicarbonate	122.00 mg/L	Titration	Specific Gravity	1.030	Densitometer
Dissolved CO2	246.00 mg/L	Titration	Ionic Strength	0.79 mol/L	Calculation
Dissolved H2S	68.00 mg/L	Titration	Total Dissolved Solids	42343.73 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	100 ° F				
pH of Water	7.50	Meter			

Cations - Analyzed By ICP

Iron	0.116 mg/L	Measured Sodium	14576 mg/L
Manganese	0.125 mg/L		
Barium	0.210 mg/L		
Strontium	38.48 mg/L		
Calcium	1268 mg/L		
Magnesium	355.8 mg/L		
Sodium	14576.00 mg/L		

Anions - Analyzed By IC

Chloride	24058 mg/L
Sulfate	1925 mg/L

Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.64
Barite BaSO4 PTB	0.1	Barite BaSO4 SI	0.26
Calcite CaCO3 PTB	4.4	Calcite CaCO3 SI	0.06
Celestite SrSO4 PTB	N/A	Celestite SrSO4 SI	-0.09
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.50
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.46

Comments

Scaling predictions calculated using Oddo-Tomson model

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