

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: **K C OPERATIONS**

Geographic Region: **Kansas**

Geographic Location: **Barton County**

System Description: **Production System**

Equipment Description: **Bryant - SWD**

Sample Point: **SWD**

Sample ID: **AS97343**

Account Rep: **Aaron.Clanton@championx.com**

Collection Date: **02/16/2022**

Receive Date: **02/17/2022**

Report Date: **02/22/2022**

Location Code: **483856**

Field Analysis

<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>
Bicarbonate	136.64 mg/L	Titration
Dissolved CO2	125.00 mg/L	Titration
Dissolved H2S	80.00 mg/L	Titration
Pressure Surface	25 psi	
Temperature	100 ° F	
pH of Water	5.50	Meter

Sample Analysis

<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>
Specific Gravity	1.020	Densitometer
Ionic Strength	0.52 mol/L	Calculation
Total Dissolved Solids	26707.61 mg/L	Calculation

Cations - Analyzed By ICP

Iron	1.024 mg/L	Measured Sodium	7090 mg/L
Manganese	0.025 mg/L		
Barium	0.903 mg/L		
Strontium	70.82 mg/L		
Calcium	1254 mg/L		
Magnesium	426.2 mg/L		
Sodium	7090.00 mg/L		

Anions - Analyzed By IC

Chloride	15716 mg/L
Sulfate	2012 mg/L

Scale Type

<u>Anhydrite CaSO4 PTB</u>	<u>N/A</u>	<u>Anhydrite CaSO4 SI</u>	<u>-0.60</u>
<u>Barite BaSO4 PTB</u>	<u>0.4</u>	<u>Barite BaSO4 SI</u>	<u>1.05</u>
<u>Calcite CaCO3 PTB</u>	<u>N/A</u>	<u>Calcite CaCO3 SI</u>	<u>-1.75</u>
<u>Celestite SrSO4 PTB</u>	<u>22.3</u>	<u>Celestite SrSO4 SI</u>	<u>0.28</u>
<u>Gypsum CaSO4 PTB</u>	<u>N/A</u>	<u>Gypsum CaSO4 SI</u>	<u>-0.44</u>
<u>Hemihydrate CaSO4 PTB</u>	<u>N/A</u>	<u>Hemihydrate CaSO4 SI</u>	<u>-0.37</u>

Comments

Scaling predictions calculated using Oddo-Tomson model

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