

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>	_____	_____	_____	_____	_____

# Client Sample Results

Client: SCS Engineers  
 Project/Site: March Exploration: Groundwater analysis

Job ID: 310-242563-1

**Client Sample ID: FOT Fluid**

**Lab Sample ID: 310-242563-2**

Date Collected: 10/17/22 12:30

Matrix: Water

Date Received: 10/18/22 11:15

**Method: SW846 9056A - Anions, Ion Chromatography**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	51.8		5.00		mg/L			10/31/22 16:28	5

**General Chemistry**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Dissolved Solids (SM 2540C)	172		50.0		mg/L			10/20/22 11:52	1

Analyte	Result	Qualifier	RL	RL	Unit	D	Prepared	Analyzed	Dil Fac
pH (SW846 9040C)	7.65	HF	0.100		SU			10/18/22 13:10	1

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

### ANALYTICAL RESULTS

Project: MARCH EXPLORATION

Pace Project No.: 60388183

<b>Sample: FALL OFF LINE</b>		<b>Lab ID: 60388183001</b>		Collected: 12/06/21 16:52	Received: 12/09/21 12:00	Matrix: Water		
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>2540C Total Dissolved Solids</b>		Analytical Method: SM 2540C Pace Analytical Services - Kansas City						
Total Dissolved Solids	<b>38200</b>	mg/L	2000	1		12/13/21 06:27		
<b>4500H+ pH, Electrometric</b>		Analytical Method: SM 4500-H+B Pace Analytical Services - Kansas City						
pH at 25 Degrees C	<b>7.3</b>	Std. Units	0.10	1		12/13/21 11:12		H6
<b>300.0 IC Anions 28 Days</b>		Analytical Method: EPA 300.0 Pace Analytical Services - Kansas City						
Chloride	<b>18600</b>	mg/L	2000	2000		12/22/21 13:40	16887-00-6	

### REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.

January 2022

- 430 bbl untreated Arbuckle formation brine
- 38,200 mg/L TDS

September

- 97 bbl fresh water
- 172 mg/L TDS
- 26.2 bbl proprietary polymer

October

- 368 bbl fresh water
- 172 mg/L TDS