

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>	_____	_____	_____	_____	_____

**STAABCO CHEMICAL, INC.**P.O. Box D  
Plainville, KS 67663Phone: (785) 737-6141  
Fax: (785) 434-2529**WATER ANALYSIS REPORT**Company: Shakespeare  
Source: Cog 2-35 SWDDate Sampled: January 13, 2022  
Date Analyzed: January 13, 2022

pH:	6.00	Total Dissolved Solids (mg/L):	90,518
Dissolved H <sub>2</sub> S:	20		
Dissolved CO <sub>2</sub> :	0	Total Ionic Strength:	1.688
Specific Gravity:	1.055		
Density, (lbs/gal):	8.80		

	mg/L	Meq/L
<b>Anions</b>		
Sulfide	99.2	99.2
Bicarbonate:	451	7
Chloride:	51,000	1,437
Sulfate:	4,500	94

<b>Cations</b>		
Calcium:	3,360	168
Magnesium:	366	30
Sodium:	30,815	1,340
Barium:	26	
Strontium:	0	
Total Hardness:	3,960	
Total Dissolved Iron:	0	
Ferrous Iron:	Not Determined	

**PROBABLE MINERAL COMPOSITION**

168 Ca	7 HCO <sub>3</sub>		
30 Mg	94 SO <sub>4</sub>		
1,340 Na	1,437 Cl		
		Meq/L	mg/L
		7	600
		94	6,382
		67	3,710
		0	0
		0	0
		30	1,429
		0	0
		0	0
		1,340	78,323

  

Saturation Values	
In Distilled Water @ 20°C	
CaCO <sub>3</sub>	13 mg/L
CaSO <sub>4</sub> * 2H <sub>2</sub> O	2,090 mg/L
MgCO <sub>3</sub>	103 mg/L

**COMMENTS:**