

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>	_____	_____	_____	_____	_____

# Complete Water Analysis

Customer: **PARADISE CREEK OIL & GAS**  
 Geographic Region: **Kansas**  
 Geographic Location: **Lane County**  
 System Description: **Production System**

Equipment Description: **Brunett 3-15-2027**  
 Sample Point: **Bleeder**  
 Sample ID: **AT32152**  
 Account Rep: **Michael.Walters@championx.com**

Collection Date: **03/03/2022**  
 Receive Date: **04/05/2022**  
 Report Date: **04/20/2022**  
 Location Code: **430645**

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	160 mg/L	Titration	Specific Gravity	1.024	Densitometer
Dissolved CO2	352 mg/L	Titration	Ionic Strength	0.650 mol/L	Calculation
Dissolved H2S	20 mg/L	Titration	Total Dissolved Solids	33800 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	100 °F				
pH of Water	7.5	Meter			

## Cations - Analyzed By ICP

Iron	1.01 mg/L	Measured Sodium	10200 mg/L
Manganese	0.123 mg/L		
Barium	0.109 mg/L		
Strontium	44.9 mg/L		
Calcium	1500 mg/L		
Magnesium	430 mg/L		
Sodium	10200 mg/L		

## Anions - Analyzed By IC

Chloride	18900 mg/L
Sulfate	2580 mg/L

## Scale Type

Anhydrite CaSO4 PTB	N/A	Anhydrite CaSO4 SI	-0.44
Barite BaSO4 PTB	0.0	Barite BaSO4 SI	0.15
Calcite CaCO3 PTB	27.3	Calcite CaCO3 SI	0.32
Celestite SrSO4 PTB	7.50	Celestite SrSO4 SI	0.13
Gypsum CaSO4 PTB	N/A	Gypsum CaSO4 SI	-0.29
Hemihydrate CaSO4 PTB	N/A	Hemihydrate CaSO4 SI	-0.24

## Comments

Scaling predictions calculated using Oddo-Tomson model

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