

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: **SHAKESPEARE OIL COMPANY**

Formation Zone:

Geographic Region: **Kansas**

Geographic Location: **Ness County**

System Description: **Production System**

Equipment Description: **Vogel B 1-30 SWD**

Sample Point: **Bleeder**

Customer ID:

Latitude/Longitude: **0.00, 0.00**

Account Rep: **Michael.walters@championx.com**

Collect Date: **02/21/2025**

Submit Date: **03/03/2025**

Report Date: **03/05/2025**

Sample ID: **BA68086**

Location Code: **430675**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO3)	215 mg/L	Titration	Specific Gravity	1.022	Densitometer
Dissolved CO2	230 mg/L	Titration	Ionic Strength	0.590 mol/L	Calculation
Dissolved H2S	120 mg/L	Titration	Total Dissolved Solids	30100 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	75 ° F				
pH of Water	7.0	Meter			

Cations - Analyzed By ICP					
Iron	<0.500 mg/L	Measured Sodium	8960 mg/L		
Manganese	<0.200 mg/L				
Barium	0.116 mg/L				
Strontium	41.6 mg/L				
Calcium	1460 mg/L				
Magnesium	388 mg/L				
Sodium	8960 mg/L				

Anions - Analyzed By IC*			
Chloride	16800 mg/L	Sulfate	2230 mg/L

Scale Type					
Anhydrite CaSO4 PTB		N/A	Anhydrite CaSO4 SI		-0.66
Barite BaSO4 PTB		0.0	Barite BaSO4 SI		0.30
Calcite CaCO3 PTB		N/A	Calcite CaCO3 SI		-0.26
Celestite SrSO4 PTB		3.10	Celestite SrSO4 SI		0.050
Gypsum CaSO4 PTB		N/A	Gypsum CaSO4 SI		-0.34
Hemihydrate CaSO4 PTB		N/A	Hemihydrate CaSO4 SI		-0.25

Comments

Scaling predictions calculated using Oddo-Tomson model

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