

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>	_____	_____	_____	_____	_____

Submitted Electronically

Complete Water Analysis

Customer: **SHAKESPEARE OIL COMPANY**

Formation Zone:

Geographic Region: **Kansas**

Geographic Location: **Lane County**

System Description: **Production System**

Equipment Description: **Mcliesh 3-19**

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: **BA68069**

Location Code: **430650**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO3)	142 mg/L	Titration	Specific Gravity	1.040	Densitometer
Dissolved CO2	240 mg/L	Titration	Ionic Strength	1.05 mol/L	Calculation
Dissolved H2S	110 mg/L	Titration	Total Dissolved Solids	55800 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	75 ° F				
pH of Water	7.0	Meter			

Cations - Analyzed By ICP					
Iron	3.82 mg/L	Measured Sodium	17700 mg/L		
Manganese	<0.200 mg/L				
Barium	1.84 mg/L				
Strontium	373 mg/L				
Calcium	2030 mg/L				
Magnesium	716 mg/L				
Sodium	17700 mg/L				

Anions - Analyzed By IC*			
Chloride	33500 mg/L	Sulfate	1310 mg/L

Scale Type					
Anhydrite CaSO4 PTB		N/A	Anhydrite CaSO4 SI		-0.82
Barite BaSO4 PTB		1.00	Barite BaSO4 SI		1.01
Calcite CaCO3 PTB		N/A	Calcite CaCO3 SI		-0.55
Celestite SrSO4 PTB		180	Celestite SrSO4 SI		0.60
Gypsum CaSO4 PTB		N/A	Gypsum CaSO4 SI		-0.54
Hemihydrate CaSO4 PTB		N/A	Hemihydrate CaSO4 SI		-0.51

Comments

Scaling predictions calculated using Oddo-Tomson model

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