

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: **Lane County**

System Description: **Production System**

Equipment Description: **Lucille 2-34**

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: **BA68066**

Location Code: **430662**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO3)	161 mg/L	Titration	Specific Gravity	1.039	Densitometer
Dissolved CO2	180 mg/L	Titration	Ionic Strength	1.02 mol/L	Calculation
Dissolved H2S	910 mg/L	Titration	Total Dissolved Solids	55500 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	100 ° F				
pH of Water	7.0	Meter			

Cations - Analyzed By ICP					
Iron	<0.500 mg/L	Measured Sodium	19700 mg/L		
Manganese	<0.200 mg/L				
Barium	0.118 mg/L				
Strontium	35.6 mg/L				
Calcium	951 mg/L				
Magnesium	341 mg/L				
Sodium	19700 mg/L				

Anions - Analyzed By IC*			
Chloride	30400 mg/L	Sulfate	3940 mg/L

Scale Type					
Anhydrite CaSO4 PTB		N/A	Anhydrite CaSO4 SI		-0.50
Barite BaSO4 PTB		0.0	Barite BaSO4 SI		0.20
Calcite CaCO3 PTB		N/A	Calcite CaCO3 SI		-0.56
Celestite SrSO4 PTB		5.30	Celestite SrSO4 SI		0.11
Gypsum CaSO4 PTB		N/A	Gypsum CaSO4 SI		-0.37
Hemihydrate CaSO4 PTB		N/A	Hemihydrate CaSO4 SI		-0.36

Comments

Scaling predictions calculated using Oddo-Tomson model

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