

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: ~~Splitter B-1 OWWO~~
Sample Point: **Bleeder** *Gail 1-21*
Customer ID:
Latitude/Longitude: **0.00, 0.00**
Account Rep: **michael.walters@championx.com**

Collect Date: **02/03/2026**
Submit Date: **02/09/2026**
Report Date: **02/11/2026**
Sample ID: **BC90181**
Location Code: **430665**

Field Analysis

Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO ₃)	151 mg/L	Titration
Dissolved CO ₂	200 mg/L	Titration
Dissolved H ₂ S	120 mg/L	Titration
Pressure Surface	25 psi	
Temperature	100 ° F	
pH of Water	6.8	Meter

Sample Analysis

Analysis	Result	Analysis Method
Specific Gravity	1.033	Densitometer
Ionic Strength	0.890 mol/L	Calculation
Total Dissolved Solids	48000 mg/L	Calculation

Cations - Analyzed By ICP

Iron	<0.500 mg/L	Measured Sodium	16300 mg/L
Manganese	<0.200 mg/L		
Barium	<0.100 mg/L		
Strontium	27.9 mg/L		
Calcium	980 mg/L		
Magnesium	351 mg/L		
Sodium	16300 mg/L		

Anions - Analyzed By IC*

Chloride	26100 mg/L	Sulfate	4050 mg/L
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Scale Type

Anhydrite CaSO ₄ PTB	N/A	Anhydrite CaSO ₄ SI	-0.46
Barite BaSO ₄ PTB	N/A	Barite BaSO ₄ SI	N/A
Calcite CaCO ₃ PTB	N/A	Calcite CaCO ₃ SI	-0.72
Celestite SrSO ₄ PTB	2.00	Celestite SrSO ₄ SI	0.050
Gypsum CaSO ₄ PTB	N/A	Gypsum CaSO ₄ SI	-0.33
Hemihydrate CaSO ₄ PTB	N/A	Hemihydrate CaSO ₄ SI	-0.30

Comments

Scaling predictions calculated using Oddo-Tomson model

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