

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	_____	_____	_____	_____	_____



Complete Water Analysis

Customer: **SHAKESPEARE OIL COMPANY**
 Formation Zone:
 Geographic Region: **Kansas**
 Geographic Location: **Scott County**
 System Description: **Disposal**

Equipment Description: **COG**
 Sample Point: **Bleeder**
 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: **BC90186**
 Location Code: **514619**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO ₃)	171 mg/L	Titration	Specific Gravity	1.044	Densitometer
Dissolved CO ₂	200 mg/L	Titration	Ionic Strength	1.19 mol/L	Calculation
Dissolved H ₂ S	110 mg/L	Titration	Total Dissolved Solids	64000 mg/L	Calculation
Pressure Surface	25 psi				
Temperature	100 ° F				
pH of Water	6.8	Meter			

Cations - Analyzed By ICP					
Iron	<0.500 mg/L	Measured Sodium	22500 mg/L		
Manganese	<0.200 mg/L				
Barium	<0.100 mg/L				
Strontium	40.1 mg/L				
Calcium	1330 mg/L				
Magnesium	513 mg/L				
Sodium	22500 mg/L				

Anions - Analyzed By IC*					
Chloride	34800 mg/L	Sulfate	4610 mg/L		

Scale Type					
Anhydrite CaSO ₄ PTB		N/A	Anhydrite CaSO ₄ SI		-0.31
Barite BaSO ₄ PTB		N/A	Barite BaSO ₄ SI		N/A
Calcite CaCO ₃ PTB		N/A	Calcite CaCO ₃ SI		-0.64
Celestite SrSO ₄ PTB		9.00	Celestite SrSO ₄ SI		0.17
Gypsum CaSO ₄ PTB		N/A	Gypsum CaSO ₄ SI		-0.20
Hemihydrate CaSO ₄ PTB		N/A	Hemihydrate CaSO ₄ SI		-0.20

Comments

Scaling predictions calculated using Oddo-Tomson model

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