

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>	_____	_____	_____	_____	_____



# Complete Water Analysis

Customer: **SHAKESPEARE OIL COMPANY**  
 Formation Zone:  
 Geographic Region: **Kansas**  
 Geographic Location: **Lane County**  
 System Description: **Production System**

Equipment Description: ~~Ehmke 2-20~~  
 Sample Point: **Bleeder** *Steel 1 SWD*  
 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: **BC90160**  
 Location Code: **430672**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO <sub>3</sub> )	181 mg/L	Titration	Specific Gravity	1.035	Densitometer
Dissolved CO <sub>2</sub>	220 mg/L	Titration	Ionic Strength	0.930 mol/L	Calculation
Dissolved H <sub>2</sub> S	180 mg/L	Titration	Total Dissolved Solids	50600 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	17500 mg/L	
Manganese	<0.200 mg/L				
Barium	<0.100 mg/L				
Strontium	31.2 mg/L				
Calcium	1000 mg/L				
Magnesium	367 mg/L				
Sodium	17500 mg/L				

Anions - Analyzed By IC*					
Chloride	27600 mg/L	Sulfate	3910 mg/L		

Scale Type					
Anhydrite CaSO <sub>4</sub> PTB		N/A	Anhydrite CaSO <sub>4</sub> SI		-0.47
Barite BaSO <sub>4</sub> PTB		N/A	Barite BaSO <sub>4</sub> SI		N/A
Calcite CaCO <sub>3</sub> PTB		N/A	Calcite CaCO <sub>3</sub> SI		-0.65
Celestite SrSO <sub>4</sub> PTB		3.30	Celestite SrSO <sub>4</sub> SI		0.070
Gypsum CaSO <sub>4</sub> PTB		N/A	Gypsum CaSO <sub>4</sub> SI		-0.34
Hemihydrate CaSO <sub>4</sub> PTB		N/A	Hemihydrate CaSO <sub>4</sub> SI		-0.32

**Comments**

**Scaling predictions calculated using Oddo-Tomson model**

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