

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: **Lane County**
 System Description: **Production System**

Equipment Description: **Schoepf 2-15 SWD**
 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: **BC90170**
 Location Code: **430658**

Field Analysis			Sample Analysis		
Analysis	Result	Analysis Method	Analysis	Result	Analysis Method
Total Alkalinity (M-Alk as HCO3)	132 mg/L	Titration	Specific Gravity	1.033	Densitometer
Dissolved CO2	140 mg/L	Titration	Ionic Strength	0.900 mol/L	Calculation
Dissolved H2S	100 mg/L	Titration	Total Dissolved Solids	48600 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	16600 mg/L		
Manganese	<0.200 mg/L				
Barium	<0.100 mg/L				
Strontium	29.9 mg/L				
Calcium	946 mg/L				
Magnesium	342 mg/L				
Sodium	16600 mg/L				

Anions - Analyzed By IC*					
Chloride	26300 mg/L	Sulfate	4300 mg/L		

Scale Type					
Anhydrite CaSO4 PTB		N/A	Anhydrite CaSO4 SI		-0.45
Barite BaSO4 PTB		N/A	Barite BaSO4 SI		N/A
Calcite CaCO3 PTB		N/A	Calcite CaCO3 SI		-0.80
Celestite SrSO4 PTB		3.70	Celestite SrSO4 SI		0.090
Gypsum CaSO4 PTB		N/A	Gypsum CaSO4 SI		-0.32
Hemihydrate CaSO4 PTB		N/A	Hemihydrate CaSO4 SI		-0.30

Comments

Scaling predictions calculated using Oddo-Tomson model

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