

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: **02/03/2026**
Submit Date: **02/09/2026**
Report Date: **02/11/2026**
Sample ID: **BC90193**
Location Code: **430662**

Field Analysis

<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>
Total Alkalinity (M-Alk as HCO ₃)	161 mg/L	Titration
Dissolved CO ₂	160 mg/L	Titration
Dissolved H ₂ S	110 mg/L	Titration
Pressure Surface	25 psi	
Temperature	100 ° F	
pH of Water	6.8	Meter

Sample Analysis

<u>Analysis</u>	<u>Result</u>	<u>Analysis Method</u>
Specific Gravity	1.038	Densitometer
Ionic Strength	1.01 mol/L	Calculation
Total Dissolved Solids	55600 mg/L	Calculation

Cations - Analyzed By ICP

Iron	<0.500 mg/L	Measured Sodium	19100 mg/L
Manganese	<0.200 mg/L		
Barium	<0.100 mg/L		
Strontium	33.2 mg/L		
Calcium	940 mg/L		
Magnesium	361 mg/L		
Sodium	19100 mg/L		

Anions - Analyzed By IC*

Chloride	31300 mg/L	Sulfate	3710 mg/L
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Scale Type

<u>Anhydrite CaSO₄ PTB</u>	<u>N/A</u>	<u>Anhydrite CaSO₄ SI</u>	<u>-0.53</u>
<u>Barite BaSO₄ PTB</u>	<u>N/A</u>	<u>Barite BaSO₄ SI</u>	<u>N/A</u>
<u>Calcite CaCO₃ PTB</u>	<u>N/A</u>	<u>Calcite CaCO₃ SI</u>	<u>-0.77</u>
<u>Celestite SrSO₄ PTB</u>	<u>2.50</u>	<u>Celestite SrSO₄ SI</u>	<u>0.050</u>
<u>Gypsum CaSO₄ PTB</u>	<u>N/A</u>	<u>Gypsum CaSO₄ SI</u>	<u>-0.41</u>
<u>Hemihydrate CaSO₄ PTB</u>	<u>N/A</u>	<u>Hemihydrate CaSO₄ SI</u>	<u>-0.39</u>

Comments

Scaling predictions calculated using Oddo-Tomson model

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