1291091

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 # 5192
Name: Shawmar Oil & Gas Co., Inc.
Address 1: 1116 E MAIN
Address 2: PO BOX 9
City: MARION State: KS Zip: 66861 + 1230
Contact Person: Sherry Soyez
Phone: (620) 382-2932
Lease Name: WIGHT C
Well Number: 5

API No.: 15-115-21118-00-00
Permit No: D23379.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - NW Sec. 23 Twp. 18 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1238 feet from ☐ N / ☑ S Line of Section
4891 feet from ☑ E / ☐ W Line of Section
County: Marion

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3750	0	0		25
February	3300	0	0		22
March	4650	0	0		31
April	4500	0	0		30
May	4650	0	0		31
June	3750	0	0		25
July	3450	0	0		23
August	4650	0	0		31
September	4500	0	0		30
October	4650	0	0		31
November	4200	0	0		28
December	4650	0	0		31
TOTAL	50700		0		

Submitted Electronically