



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: SCULLY B
Well Number: 1-D

API No.: 15-115-19267-00-00
Permit No.: D07781.0
Reporting Year: 2015
(January 1 to December 31)
NE - NE - SE Sec. 28 Twp. 18 S. R. 4 ☒ E ☐ W
(a/a/a/a)
4623 feet from ☐ N / ☒ S Line of Section
453 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	<u>5750</u>	<u>0</u>	<u>0</u>		<u>30</u>
	February	<u>6825</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>3850</u>	<u>0</u>	<u>0</u>		<u>19</u>
	April	<u>6275</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>6000</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>4700</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>6700</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>6700</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>5750</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>6700</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>5300</u>	<u>0</u>	<u>0</u>		<u>24</u>
	December	<u>7575</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>72125</u>		<u>0</u>		

Submitted Electronically