



**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	_____	_____	_____	_____	_____

CASING MECHANICAL INTRE TY TEST

DOCKET # D-32249.0

Disposal Enhanced Recovery:

NE SW NE NW, Sec 35, T 21 S, R 1C E^A

Repressuring
Flood
Tertiary

720 FNL - (4548) Feet from South Section Line
1920 FNL - (3413) Feet from East Section Line

Date injection started _____
API # 15 - 145 - 21761-00-01

Lease Viola Well # 1-35
County Pawnee

Operator: Shelby Resources, LLC
Name &
Address 2717 Canal Blvd

Operator License # 31725
Contact Person Chris Gottschalk

Hays, KS 67661

Phone (785) 623-1524

Max. Auth. Injection Press. 500 (reg) psi; Max. Inj. Rate 2000 (reg) bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8"</u>	<u>5 1/2"</u>			<u>2 7/8"</u>
Set at		<u>986</u>	<u>4066'</u>			<u>4035'</u>
Cement Top		<u>0</u>	<u>2630'</u>			Type <u>Seal tite</u>
" Bottom		<u>986</u>	<u>4066'</u>			
DV/Perf.			TD (and plug back)		<u>4500'</u>	ft. depth
Packer type	<u>Arrow AS-1 Loc-Set</u>		Size <u>5 1/2" x 2 7/8"</u>		Set at <u>4035'</u>	
Zone of injection	<u>Arrow</u>	ft. to ft. <u>4066 - 4500</u>			Perf. or open hole <u>open hole</u>	

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 | 10 Min. 20 Min. 30 Min.

I	E	L	D	D	A	T	A
Pressures:	<u>359</u>	<u>359</u>	<u>359</u>	<u>359</u>	Set up 1	System Pres. during test	<u>0</u>
					Set up 2	Annular Pres. during test	<u>359</u>
					Set up 3	Fluid loss during test	<u>0</u> bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer

Test Date 7/17/15 Using Shane's Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4035 feet

was the zone tested Chris Gottschalk Signature Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Robert Dickerson Title PART II Witness: Yes No

REMARKS: 5yr retest. Treated water on backside. Initial test.

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

AS: 38.18699 GPS entered

5A
7/22/15
SCANNED
KCC FORM U-7 6/84