1336540

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: DEFOREST A
Well Number: 1

API No.: 15-115-21018-00-00
Permit No: E24042.1
Reporting Year: 2016
(January 1 to December 31)

____ - SE - NE - E2 Sec. 9 Twp. 22 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
495 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: 3000 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	39350	0	0		31
February	55800	0	0		29
March	61425	0	0		31
April	30675	0	0		23
May	45000	0	0		31
June	15740	0	0		30
July	52845	0	0		30
August	30540	0	0		27
September	8280	0	0		13
October	11960	0	0		22
November	11580	0	0		22
December	15850	0	0		31
TOTAL	379045		0		

Submitted Electronically