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 # 33608
Name: W.D. Short Oil Co., LLC
Address 1: 125 S RIVER RD
Address 2: PO BOX 729
City: OXFORD State: KS Zip: 67119 + 8801
Contact Person: NANCY BURGER
Phone: (620) 218-1782
Lease Name: ULMER B
Well Number: 2

API No.: 15-079-20294-00-00
Permit No: D19003.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NW Sec. 11 Twp. 24 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
3899 feet from ☐ N / ☑ S Line of Section
5098 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 2500 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	18600	0	0		31
February	18600	0	0		28
March	18600	0	0		31
April	18600	0	0		30
May	18600	0	0		31
June	18600	0	0		30
July	18600	0	0		31
August	18600	0	0		31
September	18600	0	0		30
October	18600	0	0		31
November	18600	0	0		30
December	18600	0	0		31
TOTAL	223200		0		

Submitted Electronically