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: WEST RAINBOW BEND UNIT
Well Number: 11

API No.: 15-035-19242-00-01
Permit No: E17416.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NW Sec. 20 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	9300	150	0		31
February	8400	150	0		28
March	9300	150	0		31
April	9000	150	0		30
May	9300	150	0		31
June	9000	150	0		30
July	9300	150	0		31
August	9300	150	0		31
September	9000	150	0		30
October	9300	150	0		31
November	9000	150	0		30
December	9300	150	0		31
TOTAL	109500		0		

Submitted Electronically