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 # 5184
Name: Shields Oil Producers Inc.
Address 1: 326 N MAIN
Address 2:
City: RUSSELL State: KS Zip: 67665 + 2731
Contact Person: Kenneth Kuntzsch
Phone: (785) 483-3141
Lease Name: MORGENSTERN
Well Number: 4

API No.: 15-167-21405-00-01
Permit No: E16992.2
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - SE - SE Sec. 23 Twp. 15 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
667 feet from ☐ N / ☑ S Line of Section
446 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 750 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 200 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	4185	0	0		31
February	3780	0	0		28
March	4185	0	0		31
April	4050	0	0		30
May	4200	0	0		31
June	4200	0	0		30
July	4250	0	0		31
August	4250	0	0		31
September	4050	0	0		30
October	4225	0	0		31
November	4010	0	0		30
December	4210	0	0		31
TOTAL	49595		0		

Submitted Electronically