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 # 34615
Name: Hill, Debra K. dba SHS Investments
Address 1: 1102 N. OIL HILL RD.
Address 2: PO BOX 105
City: EL DORADO State: KS Zip: 67042 + __ __ __ __
Contact Person: Debra Hill
Phone: (316) 321-4500
Lease Name: DOYLE CREEK
Well Number: 1-2

API No.: 15-015-21047-00-02
Permit No: E30500.1
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - E2 - NW Sec. 1 Twp. 24 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
3960 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 600 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	4410	300	0		21
February	5880	300	0		28
March	6510	300	0		31
April	6300	300	0		30
May	6510	300	0		31
June	6300	300	0		30
July	6510	300	0		31
August	6510	300	0		31
September	6300	300	0		30
October	5460	300	0		26
November	5670	300	0		27
December	6510	300	0		31
TOTAL	72870		0		

Submitted Electronically