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 + 0009
Contact Person: Judy Houdyshell
Phone: (620) 382-2932
Lease Name: DEFOREST A
Well Number: 1

API No.: 15-115-21018-00-00
Permit No: E24042.1
Reporting Year: 2018
(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: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	15500	0	0	0	31
February	14000	0	0	0	28
March	15500	0	0	0	31
April	54780	0	0	0	30
May	56606	0	0	0	31
June	54780	0	0	0	30
July	56606	0	0	0	31
August	56606	0	0	0	31
September	54780	0	0	0	30
October	56606	0	0	0	31
November	54780	0	0	0	30
December	56606	0	0	0	31
TOTAL	547150		0		

Submitted Electronically