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: E STEINER
Well Number: 1

API No.: 15-115-20468-00-00
Permit No: D20826.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - SE Sec. 7 Twp. 18 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
150 feet from ☐ N / ☑ S Line of Section
1498 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: 2000 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	1315	0	0	0	18
February	2180	0	0	0	28
March	2930	0	0	0	31
April	2570	0	0	0	30
May	2445	0	0	0	31
June	2250	0	0	0	30
July	2340	0	0	0	31
August	2325	0	0	0	31
September	375	0	0	0	5
October	525	0	0	0	7
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	19255		0		

Submitted Electronically