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: Sherry Soyez
Phone: ( 620 ) 382-2932
Lease Name: DEFOREST A
Well Number: 1

API No.: 15-115-21018-00-00
Permit No: E24042.1
Reporting Year: 2019
*(January 1 to December 31)*

E2 - NE - SE - ____ 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: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 54750 | 0 | 0 | 0 | 30 |
| February | 51100 | 0 | 0 | 0 | 28 |
| March | 56575 | 0 | 0 | 0 | 31 |
| April | 52100 | 0 | 0 | 0 | 30 |
| May | 51275 | 0 | 0 | 0 | 31 |
| June | 30900 | 0 | 0 | 0 | 30 |
| July | 52600 | 0 | 0 | 0 | 31 |
| August | 23450 | 0 | 0 | 0 | 31 |
| September | 15000 | 0 | 0 | 0 | 30 |
| October | 28750 | 0 | 0 | 0 | 31 |
| November | 15000 | 0 | 0 | 0 | 30 |
| December | 28250 | 0 | 0 | 0 | 30 |
| ***TOTAL*** | 459750 | | 0 | | |

Submitted Electronically