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: George Begler
Phone: ( 785 ) 483-3141
Lease Name: MORRIS
Well Number: 3

API No.: 15-167-20103-00-01
Permit No: D19526.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SW - SW Sec. 22 Twp. 14 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
375 feet from ☐ N / ☑ S Line of Section
4459 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: 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 | 4640 | 0 | 0 | | 31 |
| February | 4175 | 0 | 0 | | 28 |
| March | 4644 | 0 | 0 | | 31 |
| April | 4502 | 0 | 0 | | 30 |
| May | 4649 | 0 | 0 | | 31 |
| June | 4656 | 0 | 0 | | 30 |
| July | 4506 | 0 | 0 | | 31 |
| August | 4564 | 0 | 0 | | 31 |
| September | 4501 | 0 | 0 | | 30 |
| October | 4648 | 0 | 0 | | 31 |
| November | 4500 | 0 | 0 | | 30 |
| December | 4648 | 0 | 0 | | 31 |
| ***TOTAL*** | 54633 | | 0 | | |

Submitted Electronically