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 # 3074
Name: Robert S. Harwell, Inc.
Address 1: 320 N BROADWAY SUITE 107
Address 2:
City: EDMOND State: OK Zip: 73034 + 3642
Contact Person: robert harwell
Phone: (405) 471-1240
Lease Name: SHOEMAKER
Well Number: 2A

API No.: 15-059-22360-00-01
Permit No: E28117.2
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 8 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
893 feet from ☐ N / ☑ S Line of Section
4039 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 50 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	559				31
February	565				29
March	533				31
April	523				30
May	545				31
June	560				30
July	511				31
August	488				30
September	543				30
October	511				31
November	532				30
December	512				31
TOTAL	6382		0		

Submitted Electronically