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 # 32468
Name: Pioneer Oil Company, Inc.
Address 1: 400 MAIN STREET
Address 2: PO BOX 237
City: VINCENNES State: IN Zip: 47501 + 0237
Contact Person: Brandi Stennett
Phone: (812) 494-2800
Lease Name: SHAW
Well Number: 33-9D

API No.: 15-179-20818-00-01
Permit No: D31619.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - SE Sec. 33 Twp. 8 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	6355	0	0	0	31
February	6243	0	0	0	29
March	6654	0	0	0	31
April	0	0	0	0	0
May	0	0	0	0	0
June	6866	0	0	0	30
July	6435	0	0	0	31
August	6634	0	0	0	31
September	6872	0	0	0	30
October	6833	0	0	0	31
November	6465	0	0	0	30
December	6587	0	0	0	31
TOTAL	65944		0		

Submitted Electronically