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: 2021
*(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: ____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 2886 | 0 | 0 | 0 | 31 |
| February | 2938 | 0 | 0 | 0 | 28 |
| March | 3290 | 0 | 0 | 0 | 31 |
| April | 3072 | 0 | 0 | 0 | 30 |
| May | 3288 | 0 | 0 | 0 | 31 |
| June | 3269 | 0 | 0 | 0 | 30 |
| July | 3283 | 0 | 0 | 0 | 31 |
| August | 3321 | 0 | 0 | 0 | 31 |
| September | 3104 | 0 | 0 | 0 | 30 |
| October | 3157 | 0 | 0 | 0 | 31 |
| November | 3264 | 0 | 0 | 0 | 30 |
| December | 3280 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 38152 | | 0 | | |

Submitted Electronically