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 # 5098
Name: Shelley, Randall D.
Address 1: 200 E. 1st, Suite 307G
Address 2:
City: WICHITA State: KS Zip: 67202 + __ __ __ __
Contact Person: Randall Shelley
Phone: (316) 841-4747
Lease Name: BIEBERLE
Well Number: 2

API No.: 15-009-05950-00-01
Permit No: D03927.0
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NW - NW Sec. 4 Twp. 19 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4426 feet from ☐ N / ☑ S Line of Section
4378 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 7700 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	15500	0	0	0	31
February	14500	0	0	0	29
March	15500	0	0	0	31
April	15000	0	0	0	30
May	15500	0	0	0	31
June	15000	0	0	0	30
July	15500	0	0	0	31
August	15500	0	0	0	31
September	15000	0	0	0	30
October	15500	0	0	0	31
November	15000	0	0	0	30
December	15500	0	0	0	31
TOTAL	183000		0		

Submitted Electronically