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: SCOTT MCCOBB
Phone: (785) 3240663
Lease Name: MORRIS
Well Number: 3

API No.: 15-167-20103-00-01
Permit No: D19526.0
Reporting Year: 2024
(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	4251				31
February	4190				29
March	4512				31
April	4378				30
May	4469				31
June	4628				30
July	4582				31
August	4601				31
September	4457				30
October	4599				31
November	4463				30
December	4529				31
TOTAL	53659		0		

Submitted Electronically