

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: ROGG A
Well Number: 15

API No.: 15-167-22839-00-01
Permit No: E07570.5
Reporting Year: 2025
(January 1 to December 31)
____ - NE - SE - NW Sec. 9 Twp. 15 S. R. 13 ☐ E ☒ W
(a/a/a/a)
3630 feet from ☐ N / ☒ S Line of Section
2970 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: 1000 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 800 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	<u>1663</u>	_____	_____	_____	<u>31</u>
	February	<u>1440</u>	_____	_____	_____	<u>28</u>
	March	<u>1353</u>	_____	_____	_____	<u>31</u>
	April	<u>1188</u>	_____	_____	_____	<u>30</u>
	May	<u>1196</u>	_____	_____	_____	<u>31</u>
	June	<u>1297</u>	_____	_____	_____	<u>30</u>
	July	<u>1558</u>	_____	_____	_____	<u>31</u>
	August	<u>1507</u>	_____	_____	_____	<u>31</u>
	September	<u>1377</u>	_____	_____	_____	<u>30</u>
	October	<u>1465</u>	_____	_____	_____	<u>31</u>
	November	<u>1410</u>	_____	_____	_____	<u>30</u>
	December	<u>1426</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>16880</u>	_____	<u>0</u>	_____	_____

Submitted Electronically