

TYPE OR PRINT IN BLUE OR BLACK INK. SEE  
RRC WEBSITE FOR FILING INSTRUCTIONS.

RAILROAD COMMISSION OF  
TEXAS  
OIL AND GAS DIVISION

**H-10**

Return the completed original report to:  
DIRECTOR, Technical Permitting  
Oil and Gas Division  
P.O. Box 12967  
Austin, Texas 78711-2967

**Annual Disposal/Injection  
Well Monitoring Report**

**RRC USE ONLY**  
UIC Control No: 000115289  
Type: 2  
DUE DATE: 06/01/2021

|  |  |                                      |                              |                                   |                           |
|--|--|--------------------------------------|------------------------------|-----------------------------------|---------------------------|
| 1. OPERATOR NAME, exactly as shown on P-5<br><b>SHELL WESTERN E&amp;P</b>                      |  | 2. OPERATOR P-5 NO.<br><b>774719</b> |                              | 3. RRC DISTRICT NO.<br><b>08</b>  |                           |
| 4. ADDRESS, including city, state, and zip code<br><br><b>PO BOX 576<br/>HOUSTON, TX 77001</b> |  |                                      |                              | 5. API NO.<br><b>42-495-33660</b> |                           |
|  |  |                                      |                              | 6. OIL LEASE NO.<br><b>48923</b>  |                           |
| 7. FIELD NAME, exactly as shown on Proration Schedule<br><b>DIMMITT (DELAWARE CONS)</b>        |  |                                      |                              | 8. GAS ID NO.                     |                           |
| 9. LEASE NAME, exactly as shown on Proration Schedule<br><b>UNIVERSITY LAMPASAS 20-33 WNK</b>  |  |                                      | 10. COUNTY<br><b>WINKLER</b> |                                   | 11. WELL NO.<br><b>1D</b> |

| 12.<br>MONTH YR | 13. INJECTION PRESSURE |          | 14. TOTAL VOLUME INJECTED |     | 15. ANNULUS PRESSURE (BETWEEN TUBING AND CASING) [See instructions (item B)] |          |          |
|-----------------|------------------------|----------|---------------------------|-----|--|----------|----------|
|                 | AVG PSIG               | MAX PSIG | BBLs                      | MCF | # OF READINGS  | MIN PSIG | MAX PSIG |
| 05/2020         | 1411                   | 1493     | 412237                    |     |  |          |          |
| 06/2020         | 1408                   | 1485     | 400786                    |     |  |          |          |
| 07/2020         | 1373                   | 1541     | 446679                    |     |  |          |          |
| 08/2020         | 1378                   | 1513     | 440956                    |     |  |          |          |
| 09/2020         | 1400                   | 1501     | 383691                    |     |  |          |          |
| 10/2020         | 1418                   | 1507     | 437609                    |     |  |          |          |
| 11/2020         | 1379                   | 1531     | 468300                    |     |  |          |          |
| 12/2020         | 1494                   | 1517     | 543690                    |     |  |          |          |
| 01/2021         | 1409                   | 1523     | 477314                    |     |  |          |          |
| 02/2021         | 1136                   | 1467     | 158374                    |     |  |          |          |
| 03/2021         | 1319                   | 1504     | 404872                    |     |  |          |          |
| 04/2021         | 1333                   | 1499     | 373002                    |     |  |          |          |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 16. Current Injection Interval: FROM: <b>5,080</b> ft TO: <b>7,095</b> ft |  |  |  | 17. Depth of Tubing Packer: <b>5,054</b> ft |  |  |  |
|---|--|--|--|---|--|--|--|

|  |  |   |  |
|--|--|---|--|
| 18. Are the injected fluids produced from sources other than your own? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO |  | 19. Injection through: <input checked="" type="checkbox"/> 1. Tubing <input type="checkbox"/> 2. Casing |  |
|--|--|---|--|

20. Type of fluids injected during reporting cycle: Total      Anthropogenic

A Salt Water 100 % B Fresh Water \_\_\_\_\_ % C Fracture Water Flow Back \_\_\_\_\_ % D Norm \_\_\_\_\_ % E(a) CO2 \_\_\_\_\_ % E(a) CO2 \_\_\_\_\_ %

F Natural Gas \_\_\_\_\_ % G H2S \_\_\_\_\_ % H Polymer \_\_\_\_\_ % I Steam \_\_\_\_\_ % J Air \_\_\_\_\_ % K Nitrogen \_\_\_\_\_ %

L Other Fluid \_\_\_\_\_ % Specify Fluid \_\_\_\_\_

|   |  |
|---|--|
| This facsimile H-10 was generated electronically from data submitted to the RRC. A certification of the automated data is available in the RRC's Austin office. | Name of Person: <u>Jason Dupres</u> Phone: <u>(832)-337-0687</u> |
|   | Company: <u>SHELL WESTERN E&amp;P</u> Date: <u>06/24/2021</u>    |