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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 # 32457
Name: Abercrombie Energy, LLC
Address 1: 10209 W. CENTRAL, STE 2
Address 2:
City: WICHITA State: KS Zip: 67212 + ____
Contact Person: Gary Misak
Phone: (316) 262-1841
Lease Name: BEULA BROWN SWD
Well Number: 1

API No.: 15-063-20878-00-01
Permit No: D23884.0
Reporting Year: 2016
(January 1 to December 31)

____ - E2 - NE - NW Sec. 28 Twp. 15 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
4619 feet from ☐ N / ☑ S Line of Section
3054 feet from ☑ E / ☐ W Line of Section
County: Gove

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: 750 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	0		0		
February	1073	0	0		29
March	1147	0	0		31
April	1110	0	0		30
May	370	0	0		31
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	3700		0		

Submitted Electronically