1333739

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 # 5399
Name: Trek AEC, LLC
Address 1: 200 W DOUGLAS, SUITE 101
Address 2:
City: WICHITA State: KS Zip: 67202 + __ __ __ __
Contact Person: Mindy Wooten
Phone: (316) 201-1090
Lease Name: GOOD B
Well Number: 8

API No.: 15-115-19119-00-01
Permit No: D28860.0
Reporting Year: 2016
(January 1 to December 31)

____ - NW - SW - NE Sec. 18 Twp. 21 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3745 feet from ☐ N / ☑ S Line of Section
4294 feet from ☑ E / ☐ W Line of Section
County: Marion

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: 15000 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	29531	0	0		31
February	31260	0	0		28
March	26343	0	0		31
April	26539	0	0		30
May	31474	0	0		31
June	28993	0	0		30
July	31374	0	0		31
August	26789	0	0		31
September	14592	0	0		30
October	26202	0	0		31
November	31708	0	0		30
December	36662	0	0		31
TOTAL	341467		0		

Submitted Electronically