1335905

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 # 6143
Name: Somerset Energy, Inc.
Address 1: 120 SHORELINE DR.
Address 2: PO BOX 716
City: LOUISBURG State: KS Zip: 66053 + ___ ___ ___ ___
Contact Person: Lesli Baker
Phone: (913) 980-8207
Lease Name: N. HANSEN
Well Number: SW-2

API No.: 15-121-28990-00-00
Permit No: E24978.45
Reporting Year: 2016
(January 1 to December 31)

NW - SW - NE - SE Sec. 20 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
1740 feet from ☐ N / ☑ S Line of Section
1080 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 350 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 200 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	155	50	0		31
February	145	50	0		29
March	155	50	0		31
April	150	50	0		30
May	155	50	0		31
June	150	50	0		30
July	155	50	0		31
August	155	50	0		31
September	150	50	0		30
October	155	50	0		31
November	150	50	0		30
December	155	50	0		31
TOTAL	1830		0		

Submitted Electronically