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 # 35381
Name: Summit Energy, LLC
Address 1: 4601 E. DOUGLAS STE 150
Address 2:
City: WICHITA State: KS Zip: 67218 + __ __ __ __
Contact Person: kat omana
Phone: (307) 679-1080
Lease Name: FAIR
Well Number: 2

API No.: 15-035-02431-00-01
Permit No: E19493.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - SW Sec. 8 Twp. 34 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
851 feet from ☐ N / ☑ S Line of Section
3226 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	1705	0	0		31
February	1540	0	0		28
March	1680	0	0		31
April	1490	0	0		30
May	1640	0	0		31
June	1352	0	0		26
July	1640	0	0		31
August	1615	0	0		31
September	1390	0	0		28
October	1422	0	0		29
November	1465	0	0		30
December	1435	0	0		29
TOTAL	18374		0		

Submitted Electronically