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 # 33739
Name: SEK Energy, LLC
Address 1: 149 BENEDICT RD
Address 2: PO BOX 55
City: BENEDICT State: KS Zip: 66714 + __ __ __ __
Contact Person: Douglas Lamb
Phone: (620) 698-2150
Lease Name: EDWARDS ALLAN
Well Number: 1-17 SWD

API No.: 15-205-26943-00-00
Permit No: D28809.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 17 Twp. 29 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
66 feet from ☐ N / ☑ S Line of Section
5243 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	4650	20	0		31
February	4150	20	0		28
March	4650	20	0		31
April	4500	20	0		30
May	4650	20	0		31
June	4500	20	0		30
July	4650	20	0		31
August	4500	20	0		30
September	4500	20	0		30
October	4650	20	0		31
November	4500	20	0		30
December	4650	20	0		31
TOTAL	54550		0		

Submitted Electronically