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: 2017
(January 1 to December 31)

NW - SW - NE - NW 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	32524	0	0		31
February	31985	0	0		28
March	25718	0	0		31
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	90227		0		

Submitted Electronically