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 # 32457
Name: Abercrombie Energy, LLC
Address 1: 10209 W. CENTRAL, STE 2
Address 2:
City: WICHITA State: KS Zip: 67212 + __ __ __ __
Contact Person: Grant Galyon
Phone: (316) 262-1841
Lease Name: ASMUSSEN
Well Number: 5

API No.: 15-015-21205-00-00
Permit No: D19866.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SW - SE Sec. 16 Twp. 29 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
818 feet from ☐ N / ☑ S Line of Section
2025 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1500 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	21893	0	0		31
February	28567	0	0		28
March	30645	0	0		31
April	31035	0	0		30
May	31691	0	0		31
June	30621	0	0		30
July	30147	0	0		31
August	27986	0	0		31
September	21507	0	0		30
October	31674	0	0		31
November	29643	0	0		30
December	26346	0	0		31
TOTAL	341755		0		

Submitted Electronically