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: AYERS
Well Number: 2-13

API No.: 15-135-25493-00-00
Permit No: D31467.0
Reporting Year: 2018
(January 1 to December 31)

NE - SW - SW - SW Sec. 13 Twp. 19 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
514 feet from ☐ N / ☑ S Line of Section
450 feet from ☐ E / ☑ W Line of Section
County: Ness

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: CEDAR HILLS
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	12138	0	0		31
February	11147	0	0		28
March	12128	0	0		31
April	12192	0	0		30
May	12430	0	0		31
June	11774	0	0		30
July	12109	0	0		31
August	12180	0	0		31
September	14530	0	0		30
October	17100	0	0		31
November	17100	0	0		30
December	17100	0	0		31
TOTAL	161928		0		

Submitted Electronically