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: RASEK A
Well Number: 4

API No.: 15-195-00895-00-03
Permit No: D25067.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - SE Sec. 12 Twp. 12 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
2319 feet from ☐ N / ☑ S Line of Section
1080 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 1000 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	2948	0	0		31
February	2548	0	0		28
March	2062	0	0		31
April	3642	0	0		30
May	4178	0	0		31
June	2052	0	0		30
July	3798	0	0		31
August	4935	0	0		31
September	4752	0	0		30
October	3844	0	0		31
November	5045	0	0		30
December	5030	0	0		31
TOTAL	44834		0		

Submitted Electronically