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: ROONEY
Well Number: 5

API No.: 15-093-20339-00-00
Permit No: D18600.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - NE Sec. 33 Twp. 21 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
5058 feet from ☐ N / ☑ S Line of Section
232 feet from ☑ E / ☐ W Line of Section
County: Kearny

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: 400 psi Injection Zone: GLORIETTA
Maximum Authorized Injection Rate: 200 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	2523	0	0		31
February	2523	0	0		28
March	2392	0	0		31
April	2286	0	0		30
May	2640	0	0		31
June	2915	0	0		30
July	3047	0	0		31
August	3180	0	0		31
September	2896	0	0		30
October	3018	0	0		31
November	2885	0	0		30
December	2926	0	0		31
TOTAL	33231		0		

Submitted Electronically