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: SCHOWALTER
Well Number: 4

API No.: 15-171-20548-00-01
Permit No: D32393.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SW - NW Sec. 12 Twp. 18 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
3321 feet from ☐ N / ☑ S Line of Section
4533 feet from ☑ E / ☐ W Line of Section
County: Scott

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	13702	0	0		31
February	15370	0	0		28
March	17702	0	0		31
April	13260	0	0		30
May	13602	0	0		31
June	13260	0	0		30
July	13702	0	0		31
August	13402	0	0		31
September	13160	0	0		30
October	13102	0	0		31
November	13160	0	0		30
December	13102	0	0		31
TOTAL	166524		0		

Submitted Electronically