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 + 4685
Contact Person: Grant Galyon
Phone: (316) 262-1841
Lease Name: SIMONSON
Well Number: 2

API No.: 15-175-10081-00-01
Permit No: E32797.1
Reporting Year: 2019
(January 1 to December 31)

NW - SE - ____ - ____ Sec. 26 Twp. 33 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
1993 feet from ☐ N / ☑ S Line of Section
1932 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 1500 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 2000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	15160	0	0	0	31
August	7763	0	0	0	31
September	13711	0	0	0	30
October	43662	0	0	0	31
November	48221	0	0	0	30
December	45740	0	0	0	31
TOTAL	174257		0		

Submitted Electronically