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 # 35381
Name: Summitt Energy, LLC
Address 1: 4601 E. DOUGLAS STE 150
Address 2:
City: WICHITA State: KS Zip: 67218 + 1031
Contact Person: KAT OMANA
Phone: ( 801 ) 580-9172
Lease Name: FAIR
Well Number: 2

API No.: 15-035-02431-00-01
Permit No: E19493.1
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - SE - SW Sec. 8 Twp. 34 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
851 feet from ☐ N / ☑ S Line of Section
3226 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 1000 psi Injection Zone: MISSISSIPPIAN
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 | 1486 | 0 | 0 | | 29 |
| February | 1340 | 0 | 0 | | 28 |
| March | 1280 | 0 | 0 | | 28 |
| April | 1290 | 0 | 0 | | 30 |
| May | 1360 | 0 | 0 | | 31 |
| June | 1330 | 0 | 0 | | 30 |
| July | 1380 | 0 | 0 | | 31 |
| August | 1460 | 0 | 0 | | 31 |
| September | 1540 | 0 | 0 | | 29 |
| October | 1280 | 0 | 0 | | 30 |
| November | 1450 | 0 | 0 | | 30 |
| December | 1310 | 0 | 0 | | 30 |
| ***TOTAL*** | 16506 | | 0 | | |

Submitted Electronically