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 # 6143
Name: Somerset Energy, Inc.
Address 1: PO BOX 716
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 0716
Contact Person: Lesli Baker
Phone: (913) 710-5400
Lease Name: KUHN
Well Number: 1 W

API No.: 15-121-27325-00-02
Permit No: E29073.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SW Sec. 16 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
479 feet from ☐ N / ☑ S Line of Section
3213 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 500 psi Injection Zone: SQUIRREL SAND
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	145	300	0	0	31
February	140	300	0	0	29
March	147	300	0	0	31
April	145	300	0	0	30
May	160	300	0	0	31
June	145	300	0	0	30
July	155	300	0	0	31
August	155	300	0	0	31
September	140	300	0	0	30
October	155	300	0	0	31
November	140	300	0	0	30
December	150	300	0	0	31
TOTAL	1777		0		

Submitted Electronically