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: SMOKEY VALLEY
Well Number: 1

API No.: 15-109-20023-00-02
Permit No: D19338.0
Reporting Year: 2020
*(January 1 to December 31)*

NW - SE - NW - ____ Sec. 35 Twp. 13 S. R. 33 ☐ E ☑ W
*(Q/Q/Q/Q)*
3371 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Logan

**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: Oread, Topeka, Lansing-Kansas City
Maximum Authorized Injection Rate: 400 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 | 4960 | 200 | 0 | 0 | 31 |
| February | 4640 | 200 | 0 | 0 | 29 |
| March | 4960 | 200 | 0 | 0 | 31 |
| April | 4800 | 200 | 0 | 0 | 30 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 0 | 0 | 0 | 0 | 0 |
| August | 0 | 0 | 0 | 0 | 0 |
| September | 0 | 0 | 0 | 0 | 0 |
| October | 0 | 0 | 0 | 0 | 0 |
| November | 0 | 0 | 0 | 0 | 0 |
| December | 0 | 0 | 0 | 0 | 0 |
| ***TOTAL*** | 19360 | | 0 | | |

Submitted Electronically