

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 # 35774
Name: Somerset Energy Enterprises, LLC
Address 1: 1245 CALYPSO COURT
Address 2: _____
City: ASHLAND State: OR Zip: 97520 + 1594
Contact Person: Lesli Baker
Phone: (541) 944-4769
Lease Name: SHOFNER
Well Number: DI-6

API No.: 15-121-31115-00-00
Permit No: E26095.10
Reporting Year: 2020
(January 1 to December 31)
SE - NE - NW - SW Sec. 3 Twp. 17 S. R. 22 ☒ E ☐ W
(a/a/a/a)
2145 feet from ☐ N / ☒ S Line of Section
4069 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: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	February	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	March	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	April	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	May	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	June	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	July	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	August	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	September	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	October	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	November	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	December	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically