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 # 35801
Name: Sommer Oil LLC
Address 1: 3502 BUTLER RD
Address 2:
City: Richmond State: KS Zip: 66080 + 9188
Contact Person: Brian Sommer
Phone: (785) 304-2451
Lease Name: POSS
Well Number: CW-14

API No.: 15-003-23846-00-00
Permit No: E19622.17
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NW Sec. 11 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
4405 feet from ☐ N / ☑ S Line of Section
4463 feet from ☑ E / ☐ W Line of Section
County: Anderson

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
Maximum Authorized Injection Rate: 60 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	1615	500	0	0	31
February	1460	500	0	0	28
March	1615	500	0	0	31
April	1510	500	0	0	30
May	1615	500	0	0	31
June	1510	500	0	0	30
July	1615	500	0	0	31
August	1615	500	0	0	31
September	1510	500	0	0	30
October	1615	500	0	0	31
November	1510	500	0	0	30
December	1615	500	0	0	31
TOTAL	18805		0		

Submitted Electronically