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: Phillip Frick
Phone: (541) 944-4769
Lease Name: WEAVER
Well Number: I-5

API No.: 15-121-31479-00-00
Permit No: E32071.7
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - SE - SW Sec. 18 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
3300 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
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	719	500	0	0	31
February	1026	500	0	0	28
March	1177	500	0	0	31
April	1045	500	0	0	30
May	976	500	0	0	31
June	1045	500	0	0	30
July	1100	500	0	0	31
August	1156	500	0	0	31
September	1179	500	0	0	30
October	1018	500	0	0	31
November	1120	500	0	0	30
December	1098	500	0	0	31
TOTAL	12659		0		

Submitted Electronically