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 # 5399
Name: Trek AEC, LLC
Address 1: 200 W DOUGLAS, SUITE 101
Address 2:
City: WICHITA State: KS Zip: 67202 + 3001
Contact Person: Mindy Wooten
Phone: ( 316 ) 263-5785
Lease Name: MOHLMAN
Well Number: 2

API No.: 15-053-00290-00-00
Permit No: E27227.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - NW - SE - NE Sec. 2 Twp. 17 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
3666 feet from ☐ N / ☑ S Line of Section
1051 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

**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: Lansing Kansas City
Maximum Authorized Injection Rate: 1000 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 | 2975 | 0 | 0 | 0 | 11 |
| February | 8817 | 0 | 0 | 0 | 29 |
| March | 9914 | 0 | 0 | 0 | 31 |
| April | 7697 | 0 | 0 | 0 | 30 |
| May | 9836 | 0 | 0 | 0 | 31 |
| June | 11867 | 0 | 0 | 0 | 30 |
| July | 15020 | 0 | 0 | 0 | 31 |
| August | 13289 | 0 | 0 | 0 | 31 |
| September | 11995 | 0 | 0 | 0 | 30 |
| October | 12078 | 0 | 0 | 0 | 31 |
| November | 11783 | 0 | 0 | 0 | 30 |
| December | 12156 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 127427 | | 0 | | |

Submitted Electronically