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 # 32728
Name: Summit Petroleum Inc
Address 1: 525 Broadway
Address 2:
City: Guthrie State: Oklahoma Zip: 73044 + 8785
Contact Person: Kay Jeffries
Phone: ( 580 ) 628-1061
Lease Name: CROW
Well Number: 1-13

API No.: 15-191-21262-00-01
Permit No: D27199.0
Reporting Year: 2024
*(January 1 to December 31)*

____ - NE - SE - SW Sec. 13 Twp. 35 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
1150 feet from ☐ N / ☑ S Line of Section
3046 feet from ☑ E / ☐ W Line of Section
County: Sumner

**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: 350 psi Injection Zone: MISSISSIPPIAN CHAT
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 | 200 | 0 | 0 | 0 | 1 |
| February | 200 | 0 | 0 | 0 | 1 |
| March | 150 | 0 | 0 | 0 | 1 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 0 | 0 | 0 | 0 | 0 |
| August | 200 | 0 | 0 | 0 | 1 |
| September | 200 | 0 | 0 | 0 | 1 |
| October | 0 | 0 | 0 | 0 | 0 |
| November | 200 | 0 | 0 | 0 | 1 |
| December | 0 | 0 | 0 | 0 | 0 |
| ***TOTAL*** | 1150 | | 0 | | |

Submitted Electronically