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: 228 W COCHRAN ST
Address 2:
City: GREELEY State: KS Zip: 66033 + 9779
Contact Person: Brian Sommer
Phone: ( 785 ) 304-2451
Lease Name: POSS
Well Number: DW 13

API No.: 15-003-23845-00-00
Permit No: E19622.18
Reporting Year: 2024
*(January 1 to December 31)*

____ - SE - NW - NW Sec. 11 Twp. 20 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
4580 feet from ☐ N / ☑ S Line of Section
4280 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 | 500 | 450 | 0 | 0 | 31 |
| February | 550 | 450 | 0 | 0 | 29 |
| March | 500 | 450 | 0 | 0 | 31 |
| April | 450 | 450 | 0 | 0 | 30 |
| May | 450 | 450 | 0 | 0 | 31 |
| June | 400 | 450 | 0 | 0 | 30 |
| July | 400 | 450 | 0 | 0 | 31 |
| August | 375 | 450 | 0 | 0 | 31 |
| September | 350 | 450 | 0 | 0 | 30 |
| October | 300 | 450 | 0 | 0 | 31 |
| November | 275 | 450 | 0 | 0 | 30 |
| December | 250 | 450 | 0 | 0 | 31 |
| ***TOTAL*** | 4800 | | 0 | | |

Submitted Electronically