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: CW-16

API No.: 15-003-24024-00-00
Permit No: E19622.33
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SW - NW Sec. 11 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
3804 feet from ☐ N / ☑ S Line of Section
4456 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