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 # 32457
Name: Abercrombie Energy, LLC
Address 1: 330 N MEAD ST #210
Address 2:
City: WICHITA State: KS Zip: 67202 + __ __ __ __
Contact Person: ANNETTE KREIS
Phone: (316) 262-1841
Lease Name: OWEN
Well Number: 5

API No.: 15-109-20266-00-01
Permit No: D21809.0
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SE - NE Sec. 21 Twp. 12 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
3535 feet from ☐ N / ☑ S Line of Section
662 feet from ☑ E / ☐ W Line of Section
County: Logan

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: Arbuckle
Maximum Authorized Injection Rate: 2000 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	7028	0	0	0	31
February	5452	0	0	0	28
March	6110	0	0	0	31
April	7254	0	0	0	30
May	7365	0	0	0	31
June	6594	0	0	0	30
July	6975	0	0	0	31
August	6974	0	0	0	31
September	6447	0	0	0	30
October	6711	0	0	0	31
November	6322	0	0	0	30
December	6524	0	0	0	31
TOTAL	79756		0		

Submitted Electronically