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 # 34888
Name: American Oil LLC
Address 1: 1200 MAIN SUITE 410
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Zach Patterson
Phone: (785) 259-3717
Lease Name: SMITH C
Well Number: 6

API No.: 15-065-21003-00-00
Permit No: D19355.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NW Sec. 5 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4254 feet from ☐ N / ☑ S Line of Section
3801 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 2500 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	10500	0	0		31
February	9000	0	0		28
March	10000	0	0		31
April	11000	0	00		30
May	27500	0	0		31
June	29000	0	0		30
July	27500	0	0		31
August	28000	0	0		31
September	29000	0	0		30
October	29000	0	0		31
November	28000	0	0		30
December	29000	0	0		31
TOTAL	267500		0		

Submitted Electronically