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 # 32679
Name: AAS Oil Co., Inc.
Address 1: 2508 EDGEMONT DR STE # 4
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 3844
Contact Person: Dennis K Shurtz
Phone: (620) 442-7940
Lease Name: SCHRAG
Well Number: 2

API No.: 15-191-22708-00-01
Permit No: D31887.0
Reporting Year: 2019
(January 1 to December 31)

SW - NE - SW - SW Sec. 24 Twp. 34 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
760 feet from ☐ N / ☑ S Line of Section
4520 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: 200 psi Injection Zone: STALNAKER
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	310				31
February	280				28
March	310				31
April	300				30
May	310				31
June	300				30
July	310				31
August	310				31
September	300				30
October	310				31
November	300				30
December	310				31
TOTAL	3650		0		

Submitted Electronically