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: HITTLE
Well Number: 3

API No.: 15-035-24081-00-00
Permit No: D27249.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NE Sec. 20 Twp. 31 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
5025 feet from ☐ N / ☑ S Line of Section
1003 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 300 psi Injection Zone: STALNAKER,BARTLESVILLE
Maximum Authorized Injection Rate: 600 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	62				31
February	56				28
March	62				31
April	60				30
May	62				31
June	60				30
July	62				31
August	62				31
September	60				30
October	62				31
November	60				30
December	62				31
TOTAL	730		0		

Submitted Electronically