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 # 34998
Name: Ace Energy LLC
Address 1: 11704 ABERDEEN RD
Address 2:
City: LEAWOOD State: KS Zip: 66211 + 2921
Contact Person: Jonathan Freiden
Phone: (773) 209-8602
Lease Name: SARGEANT
Well Number: SAR 14

API No.: 15-205-28247-00-00
Permit No: E31671.2
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - NE Sec. 36 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4477 feet from ☐ N / ☑ S Line of Section
2176 feet from ☑ E / ☐ W Line of Section
County: Wilson

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 50 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	0	0	0	0	0
February	100	100	0	0	10
March	310	100	0	0	31
April	300	100	0	0	30
May	310	100	0	0	31
June	300	100	0	0	30
July	310	100	0	0	31
August	310	100	0	0	31
September	300	100	0	0	30
October	310	100	0	0	31
November	300	100	0	0	30
December	310	100	0	0	31
TOTAL	3160		0		

Submitted Electronically