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 Shurtz
Phone: (620) 442-7940
Lease Name: SEACAT
Well Number: 9

API No.: 15-035-23317-00-01
Permit No: E21514.3
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - SW Sec. 25 Twp. 33 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
2008 feet from ☐ N / ☑ S Line of Section
4972 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: 800 psi Injection Zone: Mississippian Chat
Maximum Authorized Injection Rate: 800 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	930	0	0	0	31
February	840	0	0	0	28
March	930	0	0	0	31
April	900	0	0	0	30
May	930	0	0	0	31
June	900	0	0	0	30
July	930	0	0	0	31
August	930	0	0	0	31
September	900	0	0	0	30
October	930	0	0	0	31
November	900	0	0	0	30
December	930	0	0	0	31
TOTAL	10950		0		

Submitted Electronically