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 # 35634
Name: SAAW Operating LLC
Address 1: 824 AVENUE L
Address 2: PO BOX 481
City: PROTECTION State: KS Zip: 67127 + 0481
Contact Person: Bill Woodward
Phone: (620) 635-5821
Lease Name: SELZER A
Well Number: 16-15

API No.: 15-033-20850-00-01
Permit No: D26635.0
Reporting Year: 2021
(January 1 to December 31)

____ - W2 - SW - SE Sec. 16 Twp. 34 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
677 feet from ☐ N / ☑ S Line of Section
2286 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 100 psi Injection Zone: ARBUCKLE,SIMPSON
Maximum Authorized Injection Rate: 3000 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	9000	0	0	0	28
February	9000	0	0	0	28
March	9000	0	0	0	28
April	9000	0	0	0	28
May	9000	0	0	0	28
June	9000	0	0	0	28
July	9000	0	0	0	28
August	9000	0	0	0	28
September	9000	0	0	0	28
October	9000	0	0	0	28
November	9000	0	0	0	28
December	9000	0	0	0	28
TOTAL	108000		0		

Submitted Electronically