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: ( 913 ) 963-2646
Lease Name: SARGEANT
Well Number: SAR 17

API No.: 15-205-28260-00-00
Permit No: E31671.3
Reporting Year: 2022
*(January 1 to December 31)*

____ - SW - NW - NE Sec. 36 Twp. 27 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
4143 feet from ☐ N / ☑ S Line of Section
2166 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: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 80 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 | 31 |
| February | 100 | 100 | 0 | 0 | 28 |
| 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