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 # 35913
Name: American Star Energy Services, LLC
Address 1: PO BOX 52571
Address 2:
City: TULSA State: OK Zip: 74152 + 0571
Contact Person: Jeff Robinson
Phone: (918) 906-4300
Lease Name: COAKES
Well Number: 1

API No.: 15-071-20252-00-01
Permit No: D20767.0
Reporting Year: 2022
(January 1 to December 31)

____ - SE - SE - SE Sec. 21 Twp. 19 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
92 feet from ☐ N / ☑ S Line of Section
236 feet from ☑ E / ☐ W Line of Section
County: Greeley

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: 350 psi Injection Zone: WHITEHORSE
Maximum Authorized Injection Rate: 525 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically