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 # 35755
Name: SAG Oil Company LLC
Address 1: PO BOX 367
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0367
Contact Person: Phillip Frick
Phone: (785) 969-2982
Lease Name: SIMONS BROS. FARMS
Well Number: 19-IW

API No.: 15-003-25608-00-00
Permit No: E30287.115
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NE - NW Sec. 27 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
4135 feet from ☐ N / ☑ S Line of Section
3634 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 41 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	630	500	0	0	31
February	456	500	0	0	28
March	445	500	0	0	31
April	638	500	0	0	30
May	527	500	0	0	31
June	462	500	0	0	30
July	515	500	0	0	31
August	484	500	0	0	31
September	613	500	0	0	30
October	590	500	0	0	31
November	489	500	0	0	30
December	643	500	0	0	31
TOTAL	6492		0		

Submitted Electronically