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 # 34089
Name: Agricultural Energy Services
Address 1: PO BOX 31865
Address 2:
City: EDMOND State: OK Zip: 73003 + 0032
Contact Person: Amy Cooper
Phone: (405) 208-2096
Lease Name: SIMONSON
Well Number: 1

API No.: 15-175-00209-00-01
Permit No: D10594.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - NW Sec. 23 Twp. 33 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3321 feet from ☐ N / ☑ S Line of Section
3314 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 600 psi Injection Zone: COUNCIL GROVE
Maximum Authorized Injection Rate: 175 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	4185	0	0	0	31
February	3780	0	0	0	28
March	4185	0	0	0	31
April	4050	0	0	0	30
May	4185	0	0	0	31
June	4050	0	0	0	30
July	4185	0	0	0	31
August	4185	0	0	0	31
September	4050	0	0	0	30
October	4185	0	0	0	31
November	4050	0	0	0	30
December	4185	0	0	0	31
TOTAL	49275		0		

Submitted Electronically