

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 # 32679

Name: AAS Oil Co., Inc.

Address 1: 2508 EDMONT DR STE # 4

Address 2: _____

City: ARKANSAS CITY State: KS Zip: 67005 + 3844

Contact Person: Dennis Shurtz

Phone: (620) 442-7940

Lease Name: FRY A

Well Number: 1

API No.: 15-035-20964-00-02

Permit No.: D22026.0

Reporting Year: 2024
(January 1 to December 31)

 - NW - NW - SW Sec. 16 Twp. 33 S. R. 6 ☒ E ☐ W
(a/a/a/a)

2310 feet from ☐ N / ☒ S Line of Section

4950 feet from ☒ E / ☐ W Line of Section

County: Cowley

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: 150 psi Injection Zone: STALNAKER

Maximum Authorized Injection Rate: 400 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	<u>620</u>	_____	_____	_____	<u>31</u>
	February	<u>560</u>	_____	_____	_____	<u>28</u>
	March	<u>620</u>	_____	_____	_____	<u>31</u>
	April	<u>600</u>	_____	_____	_____	<u>30</u>
	May	<u>620</u>	_____	_____	_____	<u>31</u>
	June	<u>600</u>	_____	_____	_____	<u>30</u>
	July	<u>620</u>	_____	_____	_____	<u>31</u>
	August	<u>620</u>	_____	_____	_____	<u>31</u>
	September	<u>600</u>	_____	_____	_____	<u>30</u>
	October	<u>620</u>	_____	_____	_____	<u>31</u>
	November	<u>600</u>	_____	_____	_____	<u>30</u>
	December	<u>620</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>7300</u>	_____	<u>0</u>	_____	_____

Submitted Electronically