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: 21-IW

API No.: 15-003-25610-00-00
Permit No: E30287.117
Reporting Year: 2025
*(January 1 to December 31)*

____ - SE - NE - NW Sec. 27 Twp. 20 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
4288 feet from ☐ N / ☑ S Line of Section
3038 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: 44 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 531 | 500 | 0 | 0 | 31 |
| February | 440 | 500 | 0 | 0 | 28 |
| March | 577 | 500 | 0 | 0 | 31 |
| April | 469 | 500 | 0 | 0 | 30 |
| May | 362 | 500 | 0 | 0 | 31 |
| June | 547 | 500 | 0 | 0 | 30 |
| July | 576 | 500 | 0 | 0 | 31 |
| August | 528 | 500 | 0 | 0 | 31 |
| September | 425 | 500 | 0 | 0 | 30 |
| October | 520 | 500 | 0 | 0 | 31 |
| November | 378 | 500 | 0 | 0 | 30 |
| December | 372 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 5725 | | 0 | | |

Submitted Electronically