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 # 35634
Name: SAAW Operating LLC
Address 1: 824 AVENUE L
Address 2: PO BOX 481
City: PROTECTION State: KS Zip: 67127 + 0481
Contact Person: Bill Woodward
Phone: (620) 635-5821
Lease Name: BRASS A
Well Number: 1-2 SWD

API No.: 15-033-21188-00-00
Permit No: D27889.0
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - SW - SW Sec. 2 Twp. 33 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
701 feet from ☐ N / ☑ S Line of Section
4232 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	450	0	0	0	31
February	400	0	0	0	28
March	500	0	0	0	31
April	400	0	0	0	30
May	450	0	0	0	30
June	400	0	0	0	30
July	350	0	0	0	31
August	400	0	0	0	30
September	350	0	0	0	30
October	400	0	0	0	30
November	400	0	0	0	30
December	400	0	0	0	31
TOTAL	4900		0		

Submitted Electronically