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 67124
Address 2:
City: TOPEKA State: KS Zip: 66667 + 0124
Contact Person: Phillip Frick
Phone: (785) 969-2982
Lease Name: LESTER KALB
Well Number: 16

API No.: 15-045-20208-00-01
Permit No: E23292.12
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SE Sec. 1 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2483 feet from ☐ N / ☑ S Line of Section
1533 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 16 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	112	600	0	0	15
September	350	600	0	0	30
October	387	600	0	0	31
November	414	600	0	0	30
December	455	600	0	0	31
TOTAL	1718		0		

Submitted Electronically