1302281

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 # 34897
Name: SCZ Resources, LLC
Address 1: 7012 CLAIRBORNE CT
Address 2:
City: SHAWNEE State: KS Zip: 66217 + __ __ __ __
Contact Person: Jorge Ranz
Phone: (713) 628-3233
Lease Name: BAKER
Well Number: SCZ I-24

API No.: 15-121-30495-00-00
Permit No: E32173.22
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SW - N2 Sec. 26 Twp. 18 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1650 feet from ☑ N / ☐ S Line of Section
660 feet from ☐ E / ☑ W Line of Section
County: Miami

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: 350 psi Injection Zone: peru
Maximum Authorized Injection Rate: 50 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	1550	250	0		31
February	1400	250	0		28
March	1550	250	0		31
April	1500	250	0		30
May	1550	250	0		31
June	1500	250	0		30
July	1550	250	0		31
August	1550	250	0		31
September	1500	250	0		30
October	1550	250	0		31
November	1500	250	0		30
December	1550	250	0		31
TOTAL	18250		0		

Submitted Electronically