1339955

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 # 34379
Name: Scott's Production, LLC
Address 1: PO BOX 136
Address 2: 110 N MEMORY TRAIL
City: ROXBURY State: KS Zip: 67476 + ___ ___ ___ ___
Contact Person: JEFF SCOTT
Phone: ( 785 ) 254-7828
Lease Name: A M ANDERSON
Well Number: 7

API No.: 15-113-30119-00-00
Permit No: D24919.0
Reporting Year: 2016
*(January 1 to December 31)*

____ - ____ - ____ - NW Sec. 23 Twp. 17 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
3960 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: McPherson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 110089 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: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 46500 | 0 | 0 | | 31 |
| February | 42000 | 0 | 0 | | 28 |
| March | 46500 | 0 | 0 | | 31 |
| April | 45000 | 0 | 0 | | 30 |
| May | 46500 | 0 | 0 | | 31 |
| June | 45000 | 0 | 0 | | 30 |
| July | 46500 | 0 | 0 | | 31 |
| August | 46500 | 0 | 0 | | 31 |
| September | 45000 | 0 | 0 | | 30 |
| October | 46500 | 0 | 0 | | 31 |
| November | 45000 | 0 | 0 | | 30 |
| December | 46500 | 0 | 0 | | 31 |
| ***TOTAL*** | 547500 | | 0 | | |

Submitted Electronically