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: 8614 CEDARSPUR DR.
Address 2:
City: HOUSTON State: TX Zip: 77055 + __ __ __ __
Contact Person: Jorge Ranz
Phone: ( 713 ) 444-8231
Lease Name: BAKER
Well Number: SCZ I-17

API No.: 15-121-30199-00-00
Permit No: E32173.15
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - NE - NW Sec. 26 Twp. 18 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
330 feet from ☑ N / ☐ S Line of Section
1650 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