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 # 33984
Name: Lutz, Scott T. Trust
Address 1: PO BOX 1766
Address 2:
City: FAYETTEVILLE State: AR Zip: 72702 + __ __ __ __
Contact Person: LaDawn Ferrell
Phone: (620) 672-9700
Lease Name: PROFFITT
Well Number: 4

API No.: 15-159-19194-00-01
Permit No: D22102.0
Reporting Year: 2017
(January 1 to December 31)

SW - SW - NE - NW Sec. 19 Twp. 19 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
4294 feet from ☐ N / ☑ S Line of Section
4132 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 300 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	6665	0	0		31
February	6020	0	0		28
March	6665	0	0		31
April	6450	0	0		30
May	6665	0	0		31
June	6450	0	0		30
July	6665	0	0		31
August	6665	0	0		31
September	6450	0	0		30
October	6665	0	0		31
November	6450	0	0		30
December	6665	0	0		31
TOTAL	78475		0		

Submitted Electronically