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: 2018
(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