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: Jose Balderrama
Phone: (713) 444-8231
Lease Name: BAKER
Well Number: SCZ I-8

API No.: 15-121-30204-00-00
Permit No: E32173.6
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NW - W2 Sec. 26 Twp. 18 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1320 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	372	250	0	0	31
February	336	250	0	0	28
March	372	250	0	0	31
April	360	250	0	0	30
May	372	250	0	0	31
June	360	250	0	0	30
July	372	250	0	0	31
August	372	250	0	0	31
September	360	250	0	0	30
October	372	250	0	0	31
November	360	250	0	0	30
December	372	250	0	0	31
TOTAL	4380		0		

Submitted Electronically