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 # 31902
Name: Holt, Carol
Address 1: 400 S 13TH ST
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 4026
Contact Person: Tony Holt
Phone: (620) 330-0080
Lease Name: SCOTT
Well Number: 8

API No.: 15-125-29071-00-01
Permit No: E24052.2
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SW - NE Sec. 9 Twp. 33 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3309 feet from ☐ N / ☑ S Line of Section
1554 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 250 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 150 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					
February					
March					
April					
May	100	100			10
June	200	150			20
July	200	175			30
August	300	175			30
September	300	175			30
October	200	175			20
November	100	150			20
December					
TOTAL	1400		0		

Submitted Electronically