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: 110 N MEMORY TRAIL
Address 2: PO BOX 136
City: ROXBURY State: KS Zip: 67476 + 0136
Contact Person: Lesli Baker
Phone: (785) 254-7828
Lease Name: MARTIN (KARBAR)
Well Number: 1

API No.: 15-169-00518-00-01
Permit No: D31218.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SW - SE Sec. 5 Twp. 16 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
364 feet from ☐ N / ☑ S Line of Section
2429 feet from ☑ E / ☐ W Line of Section
County: Saline

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: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: 7500 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	21700	0	0	0	31
February	19600	0	0	0	28
March	21700	0	0	0	31
April	21000	0	0	0	30
May	21700	0	0	0	31
June	21000	0	0	0	30
July	21700	0	0	0	31
August	21700	0	0	0	31
September	21000	0	0	0	30
October	21700	0	0	0	31
November	21000	0	0	0	30
December	21700	0	0	0	31
TOTAL	255500		0		

Submitted Electronically