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: BICKEL B
Well Number: 1

API No.: 15-169-20156-00-03
Permit No: E27828.1
Reporting Year: 2021
(January 1 to December 31)

____ - NW - NW - SE Sec. 8 Twp. 16 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
2032 feet from ☐ N / ☑ S Line of Section
2453 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: 2500 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	18600	0	0	0	31
February	16800	0	0	0	28
March	18600	0	0	0	31
April	18000	0	0	0	30
May	18600	0	0	0	31
June	18000	0	0	0	30
July	18600	0	0	0	31
August	18600	0	0	0	31
September	18000	0	0	0	30
October	18600	0	0	0	31
November	18000	0	0	0	30
December	18600	0	0	0	31
TOTAL	219000		0		

Submitted Electronically