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: A J 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: 2022
(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: _____ mg/l Specific Gravity: _____ Additives: N/A
(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	55800				31
February	50400				28
March	52700				31
April	54000				30
May	52700				31
June	51000				30
July	55800				31
August	54250				31
September	54250				30
October	55800				31
November	51000				30
December	55800				31
TOTAL	643500		0		

Submitted Electronically