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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2:
City: DENVER State: CO Zip: 80202 + 2062
Contact Person: STEPHANIE DECKER
Phone: (303) 831-4673
Lease Name: SCOTT
Well Number: 4-6

API No.: 15-055-20880-00-01
Permit No: D26271.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - SW Sec. 4 Twp. 23 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
2258 feet from ☐ N / ☑ S Line of Section
4996 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	0				0
February	0				0
March	4332				31
April	3589				30
May	4718				31
June	2750				30
July	0				0
August	0				0
September	0				0
October	1522				31
November	4119				30
December	4673				31
TOTAL	25703		0		

Submitted Electronically