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: 4-7

API No.: 15-055-21020-00-00
Permit No: E27138.9
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - SE Sec. 4 Twp. 23 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
1580 feet from ☐ N / ☑ S Line of Section
1932 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: 2000 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 4000 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	1460	1390	16363	1454	24
February	2282	1382	13512	1448	28
March	0	0	11996	1497	22
April	113	1344	4215	1406	23
May	4360	1313	49	1388	26
June	8262	1285	634	1392	30
July	11547	1291	0	0	30
August	410	1300	0	0	1
September	0	0	0	0	0
October	3901	958	0	0	18
November	5048	1034	19095	911	30
December	0	0	16602	1375	31
TOTAL	37383		82466		

Submitted Electronically