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: BICKEL B
Well Number: 1

API No.: 15-169-20156-00-03
Permit No: E27828.1
Reporting Year: 2023
(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: ____ 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: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	18600				31
February	16800				28
March	18600				31
April	18000				30
May	18600				31
June	18000				30
July	18600				31
August	18600				31
September	18000				30
October	18600				31
November	18000				30
December	18600				31
TOTAL	219000		0		

Submitted Electronically