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 ) 2547828
Lease Name: KARBER GERALD TWIN OWWO
Well Number: 1

API No.: 15-169-20284-00-01
Permit No: E26314.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - SW - SW - SE Sec. 28 Twp. 16 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
289 feet from ☐ N / ☑ S Line of Section
2359 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: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: MISSISSIPPIAN,LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 5000 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 | 9300 | | | | 31 |
| February | 8400 | | | | 28 |
| March | 9300 | | | | 31 |
| April | 9000 | | | | 30 |
| May | 9300 | | | | 31 |
| June | 9000 | | | | 30 |
| July | 9300 | | | | 31 |
| August | 9300 | | | | 31 |
| September | 9000 | | | | 30 |
| October | 9300 | | | | 31 |
| November | 9000 | | | | 30 |
| December | 9300 | | | | 31 |
| ***TOTAL*** | 109500 | | 0 | | |

Submitted Electronically