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 # 34275
Name: Scott Services LLC
Address 1: 2901 310TH AVE
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 9245
Contact Person: Josh Scott
Phone: (785) 346-4085
Lease Name: HENRY MAI
Well Number: 13

API No.: 15-051-26252-00-01
Permit No: D32359.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SE Sec. 14 Twp. 11 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	10000				31
February	10000				29
March	10000				31
April	10000				30
May	10000				31
June	10000				30
July	10000				31
August	10000				31
September	10000				30
October	10000				31
November	10000				30
December	10000				31
TOTAL	120000		0		

Submitted Electronically