

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 # 34897
Name: SCZ Resources, LLC
Address 1: 8614 CEDARSPUR DR.
Address 2: _____
City: HOUSTON State: TX Zip: 77055 + 6645
Contact Person: Matt Layton
Phone: (713) 628-3233
Lease Name: CANNON A
Well Number: 9

API No.: 15-001-28916-00-01
Permit No: E01858.3
Reporting Year: 2025
(January 1 to December 31)
____ - SW - NW - SE Sec. 22 Twp. 26 S. R. 18 ☒ E ☐ W
(a/a/a/a)
1629 feet from ☐ N / ☒ S Line of Section
2544 feet from ☒ E / ☐ W Line of Section
County: Allen

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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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	<u>1000</u>	<u>300</u>			<u>31</u>
	February	<u>1000</u>	<u>300</u>			<u>28</u>
	March	<u>1000</u>	<u>300</u>			<u>31</u>
	April	<u>1000</u>	<u>300</u>			<u>30</u>
	May	<u>1000</u>	<u>300</u>			<u>31</u>
	June	<u>1000</u>	<u>300</u>			<u>30</u>
	July	<u>1000</u>	<u>300</u>			<u>31</u>
	August	<u>1000</u>	<u>300</u>			<u>31</u>
	September	<u>1000</u>	<u>300</u>			<u>30</u>
	October	<u>1000</u>	<u>300</u>			<u>31</u>
	November	<u>1000</u>	<u>300</u>			<u>30</u>
	December	<u>1000</u>	<u>300</u>			<u>31</u>
	TOTAL	<u>12000</u>		<u>0</u>		

Submitted Electronically