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 + __ __ __ __
Contact Person: Jose Balderrama
Phone: (713) 444-8231
Lease Name: CANNON A
Well Number: 123

API No.: 15-001-02573-00-01
Permit No: E01858.5
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SW Sec. 22 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
1824 feet from ☐ N / ☑ S Line of Section
1059 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	1705	250	0	0	31
February	1540	250	0	0	28
March	1705	250	0	0	31
April	1650	250	0	0	30
May	1705	250	0	0	31
June	1650	250	0	0	30
July	1705	250	0	0	31
August	1705	250	0	0	31
September	1650	250	0	0	30
October	1705	250	0	0	31
November	1650	250	0	0	30
December	1705	250	0	0	31
TOTAL	20075		0		

Submitted Electronically