1283633

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 # 34935
Name: Dexxon, Inc.
Address 1: P O BOX 348
Address 2:
City: KIEFER State: OK Zip: 74041 + __ __ __ __
Contact Person: Brian Oberle
Phone: (918) 321-9331
Lease Name: DREILING
Well Number: 4

API No.: 15-051-01639-00-01
Permit No: D18440.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - NE - NW Sec. 30 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4967 feet from ☐ N / ☑ S Line of Section
3036 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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 450 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	2790	0	0		31
February	2520	0	0		28
March	2740	0	0		31
April	2614	0	0		30
May	2531	0	0		29
June	2619	0	0		30
July	2706	0	0		30
August	2706	0	0		31
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	21226		0		

Submitted Electronically