## ANNUAL REPORT OF PRESSURE MONITORING,

 FLUID INJECTION AND ENHANCED RECOVERYComplete 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 : $\qquad$
City: KIEFER State: OK Zip: 74041 +_ _ _
Contact Person: Brian Oberle
Phone: (918 ) 321-9331
Lease Name: DREWS B
Well Number: 2

API No.: 15-009-04214-00-02
Permit No: E17142.1
Reporting Year: $\quad 2015$
(January 1 to December 31)


County: Barton
I. Injection Fluid:

| Type (Pick one): | $\square$ Fresh Water | $\square$ Treated Brine | $\square$ | $\square$ Untreated Brine |
| :--- | :--- | :--- | :--- | :--- |

(Attach water analysis, if available)
II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Topeka
Maximum Authorized Injection Rate: 800 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: $\qquad$ (Include TA's)
III.

| Month: | Total Fluid Injected <br> BBL |
| :--- | :---: |
| January | 0 |
| February 0 <br> March 0 <br> April 0 <br> May 0 <br> June 0 <br> July 0 <br> August 0 <br> September 0 <br> October 7440 <br> November 7200 <br> December 7440 <br> TOTAL 22080 |  |

Maximum Fluid Pressure -

| $\square$ |
| :--- |
| $\square$ |
| $\square$ |
|  |
|  |
|  |
| 0 |
|  |

TOTAL 22080

0
-

| Total Gas Injected <br> MCF <br> 0 |
| :---: |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |
| 0 |

Maximum Gas Pressure
$\qquad$ $\longrightarrow$
$\square$ $\square$ $\longrightarrow$ $\square$ - $\qquad$

