1326843

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: (620) 793-2299
Lease Name: DREWS B
Well Number: 2

API No.: 15-009-04214-00-02
Permit No: E17142.1
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SE - SW Sec. 15 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
292 feet from ☐ N / ☑ S Line of Section
3811 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 500 psi Injection Zone: Topeka
Maximum Authorized Injection Rate: 800 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	7285	0	0		31
February	6580	0	0		28
March	7050	0	0		30
April	7050	0	0		30
May	7285	0	0		31
June	7285	0	0		30
July	7285	0	0		31
August	7285	0	0		31
September	7285	0	0		30
October	7285	0	0		31
November	7050	0	0		30
December	7285	0	0		31
TOTAL	86010		0		

Submitted Electronically