1326851

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: GRIZZELL
Well Number: 4

API No.: 15-167-19313-00-00
Permit No: E17858.1
Reporting Year: 2016
(January 1 to December 31)

____ - E2 - NW - NW Sec. 33 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4567 feet from ☐ N / ☑ S Line of Section
4398 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	1240	0	0		31
February	1070	0	0		29
March	1088	0	0		31
April	1053	0	0		30
May	1088	0	0		31
June	1053	0	0		30
July	1088	0	0		31
August	1088	0	0		31
September	1053	0	0		30
October	1088	0	0		31
November	1053	0	0		30
December	1088	0	0		31
TOTAL	13050		0		

Submitted Electronically