1326900

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: HITSCHMAN A
Well Number: 1

API No.: 15-009-05570-00-01
Permit No: D03895.0
Reporting Year: 2016
(January 1 to December 31)

____ - W2 - SE - SE Sec. 32 Twp. 16 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
676 feet from ☐ N / ☑ S Line of Section
1123 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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	16306	0	0		31
February	14728	0	0		29
March	15780	0	0		31
April	16306	0	0		30
May	15782	0	0		30
June	16306	0	0		30
July	16306	0	0		31
August	16306	0	0		31
September	15780	0	0		30
October	16306	0	0		31
November	15780	0	0		30
December	16306	0	0		31
TOTAL	191992		0		

Submitted Electronically