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 # 35162
Name: Dixon Operating Company, LLC
Address 1: 8100 E. 22ND ST N BLDG 300, SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67226 + __ __ __ __
Contact Person: TJ Dixon
Phone: (316) 264-9632
Lease Name: RALPH
Well Number: 1

API No.: 15-007-23067-00-00
Permit No: D30133.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SE Sec. 15 Twp. 31 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
351 feet from ☐ N / ☑ S Line of Section
4607 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 1000 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	682	-20	0		31
February	522	-20	0		28
March	420	-20	0		30
April	510	-20	0		30
May	403	-20	0		31
June	480	-20	0		30
July	434	-20	0		31
August	620	-20	0		31
September	540	-20	0		30
October	620	-20	0		31
November	480	-20	0		30
December	558	-20	0		31
TOTAL	6269		0		

Submitted Electronically