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 # 35289
Name: Dragonslayer, LLC
Address 1: 2121 FRIAR TUCK CT
Address 2:
City: FORT COLLINS State: CO Zip: 80524 + 2215
Contact Person: JUDITH MUSGRAVE
Phone: ( 817 ) 300-7034
Lease Name: DRAGONSLAYER LLC
Well Number: 34-I

API No.: 15-091-22469-00-00
Permit No: E25485.7
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - NW - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4054 feet from ☐ N / ☑ S Line of Section
4795 feet from ☑ E / ☐ W Line of Section
County: Johnson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 29500 mg/l Specific Gravity: 1.010 Additives: 0509 waterflood treatment
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 21 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 1680 | 620 | 0 | | 31 |
| February | 1542 | 620 | 0 | | 28 |
| March | 1631 | 610 | 0 | | 31 |
| April | 1572 | 610 | 0 | | 30 |
| May | 1629 | 610 | 0 | | 31 |
| June | 1609 | 610 | 0 | | 30 |
| July | 1601 | 620 | 0 | | 31 |
| August | 1611 | 610 | 0 | | 31 |
| September | 1575 | 610 | 0 | | 30 |
| October | 1608 | 610 | 0 | | 31 |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 16058 | | 0 | | |

Submitted Electronically