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: 37-I

API No.: 15-091-22562-00-00
Permit No: E25485.10
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4184 feet from ☐ N / ☑ S Line of Section
3263 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	1630	620	0		31
February	1521	610	0		28
March	1610	620	0		31
April	1591	620	0		30
May	1601	610	0		31
June	1552	610	0		30
July	1584	610	0		31
August	1660	620	0		30
September	1619	620	0		30
October	1669	620	0		31
November	0		0		
December	0		0		
TOTAL	16037		0		

Submitted Electronically