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 # 35515
Name: AmeriKan Oil, LLC
Address 1: 7040 KS HWY 7
Address 2:
City: MOUND CITY State: KS Zip: 66056 + __ __ __ __
Contact Person: Joe Thyer
Phone: (620) 363-1140
Lease Name: DRAGONSLAYER LLC
Well Number: 55-I

API No.: 15-091-22693-00-00
Permit No: E25485.19
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NW - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4535 feet from ☐ N / ☑ S Line of Section
4510 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: _____ mg/l Specific Gravity: _____ Additives: _____

(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: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	1650	600	0		30
December	1675	600	0		31
TOTAL	3325		0		

Submitted Electronically