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 # 5252
Name: R. P. Nixon Operations, Inc
Address 1: 207 W 12TH
Address 2:
City: HAYS State: KS Zip: 67601 + 3810
Contact Person: Dan Nixon
Phone: (785) 628-3834
Lease Name: AMELIA
Well Number: 2

API No.: 15-051-04004-00-01
Permit No: D20955.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - SE Sec. 31 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
2330 feet from ☐ N / ☑ S Line of Section
452 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: None
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 250 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	471	0	0		31
February	425	0	0		28
March	471	0	0		31
April	456	0	0		30
May	471	0	0		31
June	456	0	0		30
July	471	0	0		31
August	471	0	0		31
September	456	0	0		30
October	471	0	0		31
November	456	0	0		30
December	471	0	0		31
TOTAL	5546		0		

Submitted Electronically