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: LAMER
Well Number: 3

API No.: 15-135-20222-00-00
Permit No: E14896.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - ____ - SW - SE Sec. 22 Twp. 16 S. R. 21 ☐ E ☑ W
*(Q/Q/Q/Q)*
662 feet from ☐ N / ☑ S Line of Section
2028 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: 500 psi Injection Zone: CHEROKEE
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 6448 | 0 | 0 | | 31 |
| February | 5824 | 0 | 0 | | 28 |
| March | 6448 | 0 | 0 | | 31 |
| April | 6240 | 0 | 0 | | 30 |
| May | 6448 | 0 | 0 | | 31 |
| June | 6240 | 0 | 0 | | 30 |
| July | 6448 | 0 | 0 | | 31 |
| August | 6448 | 0 | 0 | | 31 |
| September | 6240 | 0 | 0 | | 30 |
| October | 6448 | 0 | 0 | | 31 |
| November | 6240 | 0 | 0 | | 30 |
| December | 6448 | 0 | 0 | | 31 |
| ***TOTAL*** | 75920 | | 0 | | |

Submitted Electronically