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: MEIER
Well Number: 2

API No.: 15-051-01704-00-02
Permit No: D31719.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - SE - NE - SW Sec. 17 Twp. 14 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
1650 feet from ☐ N / ☑ S Line of Section
2970 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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 25281 | 0 | 0 | | 31 |
| February | 25241 | 0 | 0 | | 28 |
| March | 10689 | 0 | 0 | | 31 |
| April | 9090 | 0 | 0 | | 30 |
| May | 9393 | 0 | 0 | | 31 |
| June | 9090 | 0 | 0 | | 30 |
| July | 9393 | 0 | 0 | | 31 |
| August | 9393 | 0 | 0 | | 31 |
| September | 9090 | 0 | 0 | | 30 |
| October | 9393 | 0 | 0 | | 31 |
| November | 9090 | 0 | 0 | | 30 |
| December | 9393 | 0 | 0 | | 31 |
| ***TOTAL*** | 144536 | | 0 | | |

Submitted Electronically