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 # 32016
Name: Pioneer Resources Inc.
Address 1: 80 WINDMILL DR.
Address 2:
City: PHILLIPSBURG State: KS Zip: 67661 + __ __ __ __
Contact Person: Rodger Wells
Phone: (785) 543-5556
Lease Name: DAYTON-AXEM-CREDO
Well Number: 15-23

API No.: 15-147-20454-00-00
Permit No: D23630.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - SE Sec. 23 Twp. 2 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
979 feet from ☐ N / ☑ S Line of Section
1662 feet from ☑ E / ☐ W Line of Section
County: Phillips

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 160 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	375	0	0		31
February	335	0	0		28
March	375	0	0		31
April	360	0	0		30
May	375	0	0		31
June	360	0	0		30
July	375	0	0		31
August	375	0	0		31
September	360	0	0		30
October	375	0	0		31
November	360	0	0		30
December	375	0	0		31
TOTAL	4400		0		

Submitted Electronically