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 # 31942
Name: Dixon, Mike
Address 1: 391 ROAD 12
Address 2:
City: MOLINE State: KS Zip: 67353 + 1200
Contact Person: Mike Dixon
Phone: (620) 647-3515
Lease Name: DIXON
Well Number: 3

API No.: 15-049-21653-00-01
Permit No: D22200.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - SE Sec. 20 Twp. 31 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
847 feet from ☐ N / ☑ S Line of Section
396 feet from ☑ E / ☐ W Line of Section
County: Elk

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	7254	0	0		31
February	6552	0	0		28
March	7254	0	0		31
April	7020	0	0		30
May	7254	0	0		31
June	7020	0	0		30
July	7254	0	0		31
August	7254	0	0		31
September	7020	0	0		30
October	7254	0	0		31
November	7020	0	0		30
December	7254	0	0		31
TOTAL	85410		0		

Submitted Electronically