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: SCHRANDT
Well Number: 3

API No.: 15-163-19396-00-01
Permit No: D02869.0
Reporting Year: 2018
(January 1 to December 31)

NE - NW - NE - NW Sec. 4 Twp. 10 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
5007 feet from ☐ N / ☑ S Line of Section
3598 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 600 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	6944	0	0		31
February	6272	0	0		28
March	6944	0	0		31
April	6720	0	0		30
May	6944	0	0		31
June	6720	0	0		30
July	6944	0	0		31
August	6944	0	0		31
September	6720	0	0		30
October	6944	0	0		31
November	6720	0	0		30
December	6944	0	0		31
TOTAL	81760		0		

Submitted Electronically