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 # 35162
Name: Dixon Operating Company, LLC
Address 1: 8100 E. 22ND ST N BLDG 300, SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67226 + 2302
Contact Person: TJ Dixon
Phone: (316) 264-9632
Lease Name: JACOBS
Well Number: 1

API No.: 15-007-10012-00-02
Permit No: D20013.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - SW Sec. 13 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 1500 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	2914	0	0	0	31
February	2632	0	0	0	28
March	3600	0	0	0	30
April	3600	0	0	0	30
May	3720	0	0	0	31
June	3600	0	0	0	30
July	5580	0	0	0	31
August	5952	0	0	0	31
September	6300	0	0	0	30
October	6510	0	0	0	31
November	8640	0	0	0	30
December	8928	0	0	0	31
TOTAL	61976		0		

Submitted Electronically