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: WENDELBURG
Well Number: 2

API No.: 15-185-22019-00-00
Permit No: D23439.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - SW - NW Sec. 19 Twp. 23 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
3659 feet from ☐ N / ☑ S Line of Section
2094 feet from ☑ E / ☐ W Line of Section
County: Stafford

**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: ____ psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: ____ barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | 0 | 0 | 0 | 31 |
| February | 0 | 0 | 0 | 0 | 28 |
| March | 0 | 0 | 0 | 0 | 30 |
| April | 0 | 0 | 0 | 0 | 30 |
| May | 0 | 0 | 0 | 0 | 31 |
| June | 0 | 0 | 0 | 0 | 30 |
| July | 7440 | 0 | 0 | 0 | 31 |
| August | 7440 | 0 | 0 | 0 | 31 |
| September | 6900 | 0 | 0 | 0 | 30 |
| October | 7130 | 0 | 0 | 0 | 31 |
| November | 7200 | 0 | 0 | 0 | 30 |
| December | 7130 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 43240 | | 0 | | |

Submitted Electronically