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 # 35515
Name: AmeriKan Oil, LLC
Address 1: 7040 KS HIGHWAY 7
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 5330
Contact Person: Joe Thyer
Phone: (620) 363-1140
Lease Name: DRAGONSLAYER LLC
Well Number: 54-I

API No.: 15-091-22735-00-00
Permit No: E25485.22
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
3720 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 60 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	1726	600	0		31
February	1720	600	0		28
March	1703	600	0		31
April	1715	600	0		30
May	1738	600	0		31
June	1731	600	0		30
July	1724	600	0		31
August	1716	600	0		31
September	1699	600	0		30
October	1711	600	0		31
November	1730	600	0		30
December	1741	600	0		31
TOTAL	20654		0		

Submitted Electronically