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: LAMER
Well Number: 3

API No.: 15-135-20222-00-00
Permit No: E14896.1
Reporting Year: 2020
(January 1 to December 31)

SW - SE - ____ - ____ Sec. 22 Twp. 16 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
662 feet from ☐ N / ☑ S Line of Section
2028 feet from ☑ E / ☐ W Line of Section
County: Ness

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: Unknown mg/l Specific Gravity: Unknown Additives: No
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Cherokee Sand
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6460	0	0	0	31
February	5840	0	0	0	29
March	6460	0	0	0	31
April	6240	0	0	0	30
May	6460	0	0	0	31
June	6240	0	0	0	30
July	6460	0	0	0	31
August	6460	0	0	0	31
September	6240	0	0	0	30
October	6460	0	0	0	31
November	6240	0	0	0	30
December	6460	0	0	0	31
TOTAL	76020		0		

Submitted Electronically