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: HENRY
Well Number: 3

API No.: 15-137-00627-00-02
Permit No: D12912.0
Reporting Year: 2020
(January 1 to December 31)

SW - SE - NW - ____ Sec. 35 Twp. 3 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
3147 feet from ☐ N / ☑ S Line of Section
3733 feet from ☑ E / ☐ W Line of Section
County: Norton

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: 0 psi Injection Zone: Cedar Hill
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	5390	0	0	0	31
February	4870	0	0	0	29
March	5390	0	0	0	31
April	5220	0	0	0	30
May	5390	0	0	0	31
June	5220	0	0	0	30
July	5390	0	0	0	31
August	5390	0	0	0	31
September	5220	0	0	0	30
October	5390	0	0	0	31
November	5390	0	0	0	30
December	5394	0	0	0	31
TOTAL	63654		0		

Submitted Electronically