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 # 8736
Name: Dixon, James David
Address 1: 1214 CYCLONE
Address 2:
City: MOLINE State: KS Zip: 67353 + 5307
Contact Person: jim dixon
Phone: (620) 647-3317
Lease Name: PALMER
Well Number: 1B

API No.: 15-049-22562-00-00
Permit No: D31193.0
Reporting Year: 2020
(January 1 to December 31)

NW - SE - NE - NW Sec. 14 Twp. 31 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
4361 feet from ☐ N / ☑ S Line of Section
3209 feet from ☑ E / ☐ W Line of Section
County: Elk

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: 100 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 2000 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	1200	0	0	0	31
February	1200	0	0	0	29
March	1200	0	0	0	31
April	1200	0	0	0	30
May	1200	0	0	0	31
June	1200	0	0	0	30
July	1200	0	0	0	31
August	1200	0	0	0	31
September	1200	0	0	0	30
October	1200	0	0	0	31
November	1200	0	0	0	30
December	1200	0	0	0	31
TOTAL	14400		0		

Submitted Electronically