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: Sean Nixon
Phone: (785) 628-3834
Lease Name: AMELIA
Well Number: 2

API No.: 15-051-04004-00-01
Permit No: D20955.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - SE Sec. 31 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
2330 feet from ☐ N / ☑ S Line of Section
452 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 250 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	460	0	0	0	31
February	410	0	0	0	28
March	460	0	0	0	31
April	440	0	0	0	30
May	460	0	0	0	31
June	440	0	0	0	30
July	450	0	0	0	31
August	450	0	0	0	31
September	440	0	0	0	30
October	450	0	0	0	31
November	440	0	0	0	30
December	450	0	0	0	31
TOTAL	5350		0		

Submitted Electronically