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 # 35162
Name: Dixon Operating Company, LLC
Address 1: 8100 E. 22ND ST N BLDG 300, SUITE 200
Address 2:
City: WICHITA State: KS Zip: 67226 + 2302
Contact Person: TJ Dixon
Phone: (316) 264-9632
Lease Name: PIESTER
Well Number: 1

API No.: 15-097-21252-00-01
Permit No: D30200.0
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - SW - NE Sec. 25 Twp. 29 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3263 feet from ☐ N / ☑ S Line of Section
1933 feet from ☑ E / ☐ W Line of Section
County: Kiowa

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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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	4030	0	0	0	31
February	3640	0	0	0	28
March	4030	0	0	0	31
April	3900	0	0	0	30
May	4030	0	0	0	31
June	3900	0	0	0	30
July	4030	0	0	0	31
August	4030	0	0	0	31
September	3900	0	0	0	30
October	4030	0	0	0	31
November	3900	0	0	0	30
December	4030	0	0	0	31
TOTAL	47450		0		

Submitted Electronically