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: 1625 N WATERFRONT PKWY STE 220
Address 2:
City: WICHITA State: KS Zip: 67206 + 6620
Contact Person: TJ Dixon
Phone: (316) 264-9632
Lease Name: THOMAS-FORSYTH
Well Number: 10 SWD

API No.: 15-007-20621-00-01
Permit No: D20099.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SE - NE Sec. 29 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3632 feet from ☐ N / ☑ S Line of Section
396 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	4650				31
February	3920				28
March	4960				31
April	4800				30
May	4960				31
June	4800				30
July	4960				31
August	4960				31
September	4800				30
October	4960				31
November	4800				30
December	4960				31
TOTAL	57530		0		

Submitted Electronically