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 # 35515
Name: AmeriKan Oil, LLC
Address 1: 7040 KS HIGHWAY 7
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 5330
Contact Person: Joe Thyer
Phone: (620) 363-1140
Lease Name: DRAGONSLAYER LLC
Well Number: 36-I

API No.: 15-091-22557-00-00
Permit No: E25485.9
Reporting Year: 2025
(January 1 to December 31)

____ - SW - NE - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4194 feet from ☐ N / ☑ S Line of Section
3707 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 20 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1674	600	0	0	31
February	1667	600	0	0	28
March	1655	600	0	0	31
April	1657	600	0	0	30
May	1644	600	0	0	31
June	1674	600	0	0	30
July	1663	600	0	0	31
August	1687	600	0	0	31
September	1683	600	0	0	30
October	1670	600	0	0	31
November	1684	600	0	0	30
December	1690	600	0	0	31
TOTAL	20048		0		

Submitted Electronically