1304600

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 # 34021
Name: Max Papay LLC
Address 1: PO BOX 1060
Address 2:
City: MEADE State: KS Zip: 67864 + 1060
Contact Person: Kelli Knott
Phone: (620) 873-5350
Lease Name: FELDMAN
Well Number: 18-1

API No.: 15-119-20642-00-00
Permit No: D23094.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SE - SW Sec. 18 Twp. 34 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
309 feet from ☐ N / ☑ S Line of Section
3001 feet from ☑ E / ☐ W Line of Section
County: Meade

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: COUNCIL GROVE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	4000	0	0		20
May	1400	0	0		31
June	1500	0	0		30
July	1400	0	0		31
August	2400	0	0		31
September	1400	0	0		30
October	1400	0	0		31
November	4000	0	0		30
December	1300	0	0		31
TOTAL	18800		0		

Submitted Electronically