1326494

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
Phone: (620) 873-5350
Lease Name: I B REGIER
Well Number: 1

API No.: 15-119-10196-00-03
Permit No: D21232.0
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - ____ - NE Sec. 17 Twp. 33 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
4213 feet from ☐ N / ☑ S Line of Section
1239 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: 600 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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	4800	0	0		31
February	2610	0	0		29
March	3840	0	0		31
April	2760	0	0		30
May	3240	0	0		31
June	3500	0	0		30
July	3360	0	0		31
August	4800	0	0		31
September	6120	0	0		30
October	6240	0	0		31
November	8190	0	0		30
December	4200	0	0		31
TOTAL	53660		0		

Submitted Electronically