1347852

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 # 30993
Name: M.A.E. Resources, Inc.
Address 1: PO BOX 304
Address 2:
City: PARKER State: KS Zip: 66072 + 0304
Contact Person: Becky Johnson
Phone: (913) 898-3221
Lease Name: THOMAS UNIT 1
Well Number: I-6

API No.: 15-001-28802-00-00
Permit No: E27502.5
Reporting Year: 2016
(January 1 to December 31)

____ - W2 - W2 - E2 Sec. 24 Twp. 23 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
2640 feet from ☐ N / ☑ S Line of Section
2340 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 50 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	1250	500	0		31
February	1210	500	0		29
March	1250	500	0		31
April	1220	500	0		30
May	1270	500	0		31
June	1250	500	0		30
July	1220	500	0		31
August	1245	500	0		31
September	1275	500	0		30
October	1230	500	0		31
November	1290	500	0		30
December	1210	500	0		31
TOTAL	14920		0		

Submitted Electronically