1348019

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: OVERALL
Well Number: 22

API No.: 15-003-24065-00-01
Permit No:
Reporting Year: 2016
(January 1 to December 31)

SE - NW - SE - NW Sec. 29 Twp. 22 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1770 feet from ☑ N / ☐ S Line of Section
3600 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: _____ psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: _____ 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	1200	700	0		31
February	1200	700	0		29
March	1200	700	0		31
April	1200	700	0		30
May	1200	700	0		31
June	1200	700	0		30
July	1200	700	0		31
August	1200	700	0		31
September	1200	700	0		30
October	1200	700	0		31
November	1200	700	0		30
December	1200	700	0		31
TOTAL	14400		0		

Submitted Electronically