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 # 35358
Name: MaxCrude, LLC
Address 1: PO BOX 542
Address 2:
City: WINFIELD State: KS Zip: 67156 + __ __ __ __
Contact Person: Kenny Bunch
Phone: (620) 222-4268
Lease Name: BETH WALTON ETAL
Well Number: 36-1 SWD

API No.: 15-035-24414-00-00
Permit No: D30942.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NE Sec. 36 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☑ N / ☐ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 100 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 3000 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	4960	0	0		31
February	4480	0	0		28
March	4960	0	0		31
April	4800	0	0		30
May	4960	0	0		31
June	4800	0	0		30
July	4960	0	0		31
August	4960	0	0		31
September	4800	0	0		30
October	4960	0	0		31
November	4800	0	0		30
December	4960	0	0		31
TOTAL	58400		0		

Submitted Electronically