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 # 31073
Name: Maier Well Service, Inc.
Address 1: 129 CINDY DR
Address 2:
City: RUSSELL State: KS Zip: 67665 + 3401
Contact Person: Donna Maier
Phone: (785) 483-1319
Lease Name: STAMPER SWD
Well Number: 2-29

API No.: 15-163-20383-00-01
Permit No: D21368.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - SW Sec. 29 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
367 feet from ☐ N / ☑ S Line of Section
3134 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	300	0	0		31
February	300	0	0		28
March	300	0	0		31
April	300	0	0		30
May	300	0	0		31
June	300	0	0		30
July	300	0	0		31
August	300	0	0		31
September	300	0	0		30
October	300	0	0		31
November	300	0	0		30
December	300	0	0		31
TOTAL	3600		0		

Submitted Electronically