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 # 5259
Name: Mai Oil Operations, Inc.
Address 1: 8411 PRESTON RD STE 800
Address 2:
City: DALLAS State: TX Zip: 75225 + 5520
Contact Person: Brent Homeier
Phone: (214) 219-8883
Lease Name: KEIL B
Well Number: 1

API No.: 15-167-20451-00-02
Permit No: E23759.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NE - NW Sec. 33 Twp. 15 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4316 feet from ☐ N / ☑ S Line of Section
3706 feet from ☑ E / ☐ W Line of Section
County: Russell

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: ARBUCKLE,LANSING-KANSAS CITY
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	0	0	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	1922	0	0		31
June	1860	0	0		30
July	1922	0	0		31
August	1922	0	0		31
September	1860	0	0		30
October	1922	0	0		31
November	1860	0	0		30
December	1922	0	0		31
TOTAL	15190		0		

Submitted Electronically