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 # 34503
Name: Sam W. Mays Jr. LLC dba MAYS OIL LLC
Address 1: PO BOX 391
Address 2:
City: EUREKA State: KS Zip: 67045 + 0391
Contact Person: SAM MAYS
Phone: (918) 698-4580
Lease Name: MORRIS
Well Number: 2 WSW

API No.: 15-073-26045-00-02
Permit No: D26486.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SW - NE Sec. 20 Twp. 23 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
3750 feet from ☐ N / ☑ S Line of Section
2099 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 150 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 5000 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	0
February	0	0	0	0	0
March	100	0	0	0	31
April	100	0	0	0	30
May	100	0	0	0	10
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	300		0		

Submitted Electronically