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 # 34021
Name: Max Papay LLC
Address 1: PO BOX 1060
Address 2:
City: MEADE State: KS Zip: 67864 + 1060
Contact Person: Kelli Knott
Phone: (620) 873-5350
Lease Name: SNEED
Well Number: 2-14

API No.: 15-119-20027-00-01
Permit No: D27876.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SE - NW Sec. 14 Twp. 34 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
3335 feet from ☐ N / ☑ S Line of Section
3281 feet from ☑ E / ☐ W Line of Section
County: Meade

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: ADMIRE,FORAKER
Maximum Authorized Injection Rate: 500 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	5200	0	0	0	31
February	6800	0	0	0	28
March	6800	0	0	0	31
April	7000	0	0	0	30
May	7100	0	0	0	31
June	6400	0	0	0	30
July	7600	0	0	0	31
August	6400	0	0	0	31
September	5200	0	0	0	30
October	4800	0	0	0	31
November	5000	0	0	0	30
December	6000	0	0	0	31
TOTAL	74300		0		

Submitted Electronically