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 # 33907
Name: Max Oil LLC
Address 1: 746 WESTCHESTER
Address 2:
City: ANDOVER State: KS Zip: 67002 + 9320
Contact Person: Terry Satterfield
Phone: (316) 733-9663
Lease Name: EDSON A
Well Number: 3 SWD

API No.: 15-015-23393-00-01
Permit No: D28777.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - NW Sec. 7 Twp. 26 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3835 feet from ☐ N / ☑ S Line of Section
3728 feet from ☑ E / ☐ W Line of Section
County: Butler

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	19840	0	0		31
February	17920	0	0		28
March	19840	0	0		31
April	19200	0	0		30
May	19840	0	0		31
June	19200	0	0		30
July	19840	0	0		31
August	19840	0	0		31
September	19200	0	0		30
October	19840	0	0		31
November	19200	0	0		30
December	19840	0	0		31
TOTAL	233600		0		

Submitted Electronically