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: CATTLE EMPIRE
Well Number: 14 #2

API No.: 15-081-21801-00-01
Permit No: D30371.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SE Sec. 14 Twp. 28 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
713 feet from ☐ N / ☑ S Line of Section
1965 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: 750 psi Injection Zone: SHAWNEE
Maximum Authorized Injection Rate: 8000 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	2000	0	0	0	31
February	4000	0	0	0	28
March	2000	0	0	0	31
April	3000	0	0	0	30
May	4000	0	0	0	31
June	5000	0	0	0	30
July	1000	0	0	0	31
August	2000	0	0	0	31
September	500	0	0	0	30
October	1000	0	0	0	31
November	1000	0	0	0	30
December	5000	0	0	0	31
TOTAL	30500		0		

Submitted Electronically