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 # 35358
Name: MaxCrude, LLC
Address 1: PO BOX 542
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0542
Contact Person: Kenny Bunch
Phone: (620) 222-4268
Lease Name: WILLIAMS
Well Number: 2

API No.: 15-049-22381-00-01
Permit No: E32069.1
Reporting Year: 2019
(January 1 to December 31)

NE - SW - SE - NE Sec. 2 Twp. 31 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
3043 feet from ☐ N / ☑ S Line of Section
710 feet from ☑ E / ☐ W Line of Section
County: Elk

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: FORT SCOTT
Maximum Authorized Injection Rate: 300 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	2790	300	0		31
February	2520	300	0		28
March	2790	300	0		31
April	2700	300	0		30
May	2790	300	0		31
June	2700	300	0		30
July	2790	300	0		31
August	2790	300	0		31
September	2700	300	0		30
October	3915	300	0		31
November	4050	300	0		30
December	4185	300	0		31
TOTAL	36720		0		

Submitted Electronically