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: FELDMAN
Well Number: 18-1

API No.: 15-119-20642-00-00
Permit No: D23094.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 18 Twp. 34 S. R. 28 ☐ E ☑ W
*(Q/Q/Q/Q)*
309 feet from ☐ N / ☑ S Line of Section
3001 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: 250 psi Injection Zone: COUNCIL GROVE
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 | 12000 | 0 | 0 | 0 | 31 |
| February | 6000 | 0 | | 0 | 29 |
| March | 5000 | 0 | 0 | 0 | 31 |
| April | 2000 | 0 | 0 | 0 | 30 |
| May | 8000 | 0 | 0 | 0 | 31 |
| June | 4000 | 0 | 0 | 0 | 30 |
| July | 7000 | 0 | 0 | 0 | 31 |
| August | 6000 | 0 | 0 | 0 | 31 |
| September | 5000 | 0 | 0 | 0 | 30 |
| October | 6000 | 0 | 0 | 0 | 31 |
| November | 4500 | 0 | 0 | 0 | 30 |
| December | 3800 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 69300 | | 0 | | |

Submitted Electronically