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: NIXON
Well Number: 4

API No.: 15-035-19499-00-01
Permit No: E15017.2
Reporting Year: 2022
(January 1 to December 31)

____ - S2 - N2 - SE Sec. 10 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1435 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 300 psi Injection Zone: MISSISSIPPIAN
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	330	0			11
February	840	0			28
March	540	0			18
April	900	0			30
May	690	0			23
June	810	0			27
July	870	0			29
August	930	0			31
September	870	0			29
October	930	0			31
November	900	0			30
December	930	0			31
TOTAL	9540		0		

Submitted Electronically