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: 2023
(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	3720	300			31
February	3000	300			25
March	3720	300			31
April	3600	300			30
May	3720	300			31
June	3600	300			30
July	3720	300			31
August	3720	300			31
September	3600	300			30
October	3720	300			31
November	3600	300			30
December	3720	300			31
TOTAL	43440		0		

Submitted Electronically