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 Gorman
Phone: (620) 873-5350
Lease Name: I B REGIER
Well Number: 1

API No.: 15-119-10196-00-03
Permit No: D21232.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - ____ - NE Sec. 17 Twp. 33 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
4216 feet from ☐ N / ☑ S Line of Section
1242 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: 600 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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	9420	0	0	0	31
February	8760	0	0	0	28
March	7840	0	0	0	31
April	8820	0	0	0	30
May	8970	0	0	0	31
June	8950	0	0	0	30
July	9120	0	0	0	31
August	8750	0	0	0	31
September	8540	0	0	0	30
October	7980	0	0	0	31
November	8770	0	0	0	30
December	9120	0	0	0	31
TOTAL	105040		0		

Submitted Electronically