

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: SHENEMAN
Well Number: 1

API No.: 15-035-00127-00-01
Permit No: E23033.1
Reporting Year: 2025
(January 1 to December 31)
____ - NE - NE - NE Sec. 27 Twp. 33 S. R. 4 ☒ E ☐ W
(a/a/a/a)
4936 feet from ☐ N / ☒ S Line of Section
398 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: 100 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	<u>900</u>	<u>100</u>			<u>15</u>
	February	<u>1320</u>	<u>100</u>			<u>22</u>
	March	<u>1860</u>	<u>100</u>			<u>31</u>
	April	<u>1800</u>	<u>100</u>			<u>30</u>
	May	<u>1740</u>	<u>100</u>			<u>29</u>
	June	<u>1680</u>	<u>100</u>			<u>28</u>
	July	<u>1740</u>	<u>100</u>			<u>29</u>
	August	<u>1620</u>	<u>100</u>			<u>27</u>
	September	<u>1800</u>	<u>100</u>			<u>30</u>
	October	<u>1740</u>	<u>100</u>			<u>29</u>
	November	<u>1680</u>	<u>100</u>			<u>28</u>
	December	<u>1800</u>	<u>100</u>			<u>30</u>
	TOTAL	<u>19680</u>		<u>0</u>		

Submitted Electronically