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 # 34278
Name: Shawn D. Evans Inc. dba ACE Oil Company
Address 1: 18529 WALTERS RD
Address 2: PO BOX 606
City: RUSSELL State: KS Zip: 67665 + 0606
Contact Person: Shawn D. Evans
Phone: ( 785 ) 324-0502
Lease Name: SHAFFER
Well Number: 6

API No.: 15-167-03840-00-01
Permit No: E15949.1
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 1 Twp. 13 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
2280 feet from ☐ N / ☑ S Line of Section
3071 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 0 psi Injection Zone: LANSING-KANSAS CITY
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 | 0 | 0 | 0 | | 0 |
| February | 0 | 0 | 0 | | 0 |
| March | 0 | 0 | 0 | | 0 |
| April | 0 | 0 | 0 | | 0 |
| May | 0 | 0 | 0 | | 0 |
| June | 0 | 0 | 0 | | 0 |
| July | 0 | 0 | 0 | | 0 |
| August | 0 | 0 | 0 | | 0 |
| September | 0 | 0 | 0 | | 0 |
| October | 0 | 0 | 0 | | 0 |
| November | 0 | 0 | 0 | | 0 |
| December | 0 | 0 | 0 | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically