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 # 31448
Name: Everhart, Lawrence D. dba E & E Oil
Address 1: 1823 27TH AVE
Address 2:
City: CANTON State: KS Zip: 67428 + 8824
Contact Person: Lawrence Everhart
Phone: (620) 628-4858
Lease Name: STUCKY-HOLLOWAY
Well Number: 5

API No.: 15-113-00609-00-01
Permit No: D06036.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - NE Sec. 3 Twp. 18 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
3016 feet from ☐ N / ☑ S Line of Section
2476 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	38750	0	0	0	31
February	35000	0	0	0	28
March	38750	0	0	0	31
April	37500	0	0	0	30
May	38750	0	0	0	31
June	37500	0	0	0	30
July	38750	0	0	0	31
August	38750	0	0	0	31
September	37500	0	0	0	30
October	38750	0	0	0	31
November	37500	0	0	0	30
December	38750	0	0	0	31
TOTAL	456250		0		

Submitted Electronically