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 # 35562
Name: IPAS Oil Company LLC
Address 1: 420 S JACKSON STE 100
Address 2: PO BOX 345
City: PRATT State: KS Zip: 67124 + 0345
Contact Person: James Kraft
Phone: (620) 672-9446
Lease Name: EVEL AA
Well Number: 1

API No.: 15-135-23221-00-00
Permit No: D25360.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - NW Sec. 13 Twp. 16 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
4315 feet from ☐ N / ☑ S Line of Section
4973 feet from ☑ E / ☐ W Line of Section
County: Ness

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: CEDAR HILLS
Maximum Authorized Injection Rate: 200 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	4650	0	0		31
February	4350	0	0		29
March	4650	0	0		31
April	4500	0	0		30
May	4650	0	0		31
June	4500	0	0		30
July	4650	0	0		31
August	4650	0	0		31
September	4500	0	0		30
October	4650	0	0		31
November	4500	0	0		30
December	4650	0	0		31
TOTAL	54900		0		

Submitted Electronically