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 # 6078
Name: Evans Oil Inc.
Address 1: PO BOX 67
Address 2:
City: LEBO State: KS Zip: 66856 + 0067
Contact Person: CLIFF SCHANKIE
Phone: (620) 437-7333
Lease Name: KUFHAL (D LUTHI)
Well Number: 2

API No.: 15-031-19164-00-01
Permit No: D09742.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - NW Sec. 11 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
2976 feet from ☐ N / ☑ S Line of Section
4298 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 34 Additives: SOAP
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 100 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	2480	50			31
February	2240	50			28
March	2480	50			31
April	2400	50			30
May	2480	50			31
June	2400	50			30
July	2480	50			31
August	2480	50			31
September	2400	50			30
October	2480	50			31
November	2400	50			30
December	2480	50			31
TOTAL	29200		0		

Submitted Electronically