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: EDITH EVANS
Well Number: 3

API No.: 15-139-20024-00-00
Permit No: E23471.1
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SW Sec. 31 Twp. 18 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
316 feet from ☐ N / ☑ S Line of Section
4830 feet from ☑ E / ☐ W Line of Section
County: Osage

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

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1550	100			31
February	1400	100			28
March	1550	100			31
April	1500	100			30
May	1550	100			31
June	1500	100			30
July	1550	100			31
August	1550	100			31
September	1500	100			30
October	1550	100			31
November	1500	100			30
December	1550	100			31
TOTAL	18250		0		

Submitted Electronically