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 # 35830
Name: E&E Oil LLC
Address 1: PO BOX 141
Address 2: 508 S MAIN ST
City: CANTON State: KS Zip: 67428 + 0141
Contact Person: Lawrence Wayne Everhart
Phone: (620) 654-6005
Lease Name: STATE C
Well Number: 2

API No.: 15-113-01624-00-01
Permit No: D05319.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SE Sec. 21 Twp. 18 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1705 feet from ☐ N / ☑ S Line of Section
623 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: 6000 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	29220				31
February	27750				29
March	29025				31
April	28250				30
May	29200				31
June	29055				30
July	29020				31
August	29220				31
September	28275				30
October	29020				31
November	28260				30
December	29020				31
TOTAL	345315		0		

Submitted Electronically